

61
Borough of Worthing



ANNUAL REPORT
on the
HEALTH OF WORTHING
for the Year
1970

J. A. G. GRAHAM
M.B., Ch.B., D.P.H.
*Medical Officer of Health
and
Borough School Medical Officer*

HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.
(TELEPHONE: WORTHING 37802).

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HEALTH DEPARTMENT,
WORTHING LODGE,
STOKE ABBOTT ROAD,
WORTHING.

October, 1971.

To the Mayor, Aldermen and Councillors of the Borough of Worthing.

I am pleased once more to present my Annual Report on the health of Worthing. This is the ninth since my appointment as your Medical Officer of Health. Its form remains the same as in previous years, but 1970 will be the last year in which there will be sections on the work of the medical social worker, the home help service, the mental health services, the services for handicapped persons, and the supervision of private nurseries and playgroups. The Local Authority Social Services Act, 1970, is now on the statute book and all the above have become the responsibility of the newly-formed Social Services Committee of the West Sussex County Council.

Though the work of the department has been reduced in some respects because of these changes, in the more "medical" (as distinct from social) fields there has been unremitting pressure. Our nursing establishment was increased in the autumn by the appointment of an additional home nurse and a nursing auxiliary, bringing the number of nurses working on the district to 36. Between them during 1970 they made no less than 116,962 home visits. These are the bare statistics which cannot hope to describe the nature of our nurses' work. They bring practical help and comfort to thousands of patients, many of whom are seriously ill, helpless, or dying. I am constantly receiving verbal and written tributes to their skill and kindness from the medical profession as well as from grateful patients and their relatives.

We are lucky in Worthing. Recruitment of experienced nursing staff has so far presented few problems. It is beginning to be more difficult in the hospital world, and, more ominously, there are signs that the supply of nursing recruits with the right qualifications willing to undertake the arduous training required is beginning to dry up. Once a girl would embark on a nursing career because it combined the prospect of fulfilling a desire to help humanity with the status of a profession. This role looks like being replaced by social work.

I hope no one will accuse me of being cynical if I make the point that the increasingly attractive call of social work may be related to the fact that it has at last obtained the recognition it craved as a profession in its own right; that the training is shorter and less arduous; that the financial rewards are greater and the conditions of service better than in the nursing profession; that social workers (home helps excluded) will seldom have to get their hands dirty.

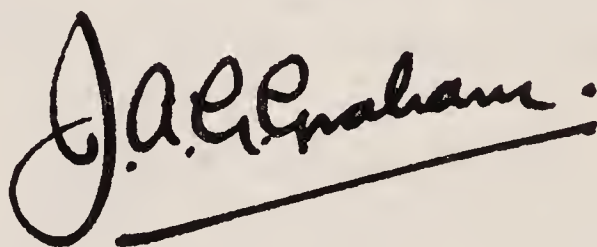
I do not mean these remarks as cheap jibes. We *need* good social workers. But a regiment of them will not replace a single platoon of nurses.

This is one of the major problems that now faces Professor Asa Briggs and his Committee on Nursing. We must hope that they will very soon produce solutions to halt and reverse the present alarming trends in nursing recruitment.

The Chronically Sick and Disabled Persons Act, 1970, came into operation during the year. We are only just beginning to feel the effects of this most enlightened piece of social legislation which was brought before Parliament through the persistence of a private member. 1970 also saw the publication of a second white paper on local government reform, and a second green paper on the future structure of the National Health Service. At the time of writing the shape of both remains uncertain.

Uncertainty also clouded the future of Worthing Hospital Maternity Unit, and rumours of its closing led to a deputation from the Borough Council (led by Alderman F. Kenton, Chairman, and Councillor F. J. Chapman, Deputy Mayor) to the S.W. Metropolitan Regional Hospital Board. We were advised that the need for an ophthalmic unit at Worthing Hospital must override the claims for a local maternity unit, because hospital care for expectant mothers could easily be met in Southlands and Zachary Merton maternity hospitals. Nevertheless a 90 bedded maternity unit in Worthing is planned for phase III of the current hospital development, though it is unlikely to be operational before 1980.

To conclude these opening paragraphs I should like to record once more my sincere thanks to the Chairman and members of the Health and Welfare, and the Education Committees, and to all my colleagues and staff. I should like particularly to mention your Chief Public Health Inspector, Mr. J. R. Davenport, who is directly responsible for the work of the Public Health Inspectors, and who has written part III of this report.

A handwritten signature in dark ink, reading "J. A. Chapman." The signature is written in a cursive style with a large initial "J" and a long horizontal stroke at the end.

*Medical Officer of Health and
Borough School Medical Officer.*

HEALTH AND WELFARE COMMITTEE :

(as on the 31st December, 1970)

COUNCILLOR MRS. W. M. FRAMPTON (*Chairman*)

COUNCILLOR A. E. DUNNING (*Vice-Chairman*)

COUNCILLOR P. H. THOMAS (*Mayor*)

ALDERMAN MRS. H. M. PERYER

COUNCILLOR R. P. COOK

COUNCILLOR S. C. ELLIOTT

COUNCILLOR MRS. N. M. LEPHARD

COUNCILLOR H. E. NELSON

COUNCILLOR H. W. REFOY

COUNCILLOR M. G. SPOFFORTH

COUNCILLOR A. H. WATERS

COUNCILLOR H. E. WESTON

WORTHING COMMITTEE FOR EDUCATION

(as on the 31st December, 1970)

COUNCILLOR S. C. ELLIOTT (*Chairman*)

COUNCILLOR F. J. CHAPMAN (*Vice-Chairman*)

COUNCILLOR P. H. THOMAS (*Mayor*)

ALDERMAN R. EDWARDS

ALDERMAN F. KENTON

ALDERMAN S. M. KNIGHT, J.P.

ALDERMAN MRS. H. M. PERYER

COUNCILLOR R. P. COOK

COUNCILLOR H. E. FAIR

COUNCILLOR MRS. W. M. FRAMPTON

COUNCILLOR J. C. HEAL

COUNCILLOR J. L. JEFFREE

C.ENG., M.I.C.E.

COUNCILLOR B. R. W. SWINFEN

COUNCILLOR E. L. WALTER

COUNCILLOR H. E. WESTON

West Sussex County Council Members:

COUNTY ALDERMAN L. A. FOSTER

COUNTY ALDERMAN C. P. MASON, M.B.E.

COUNTY ALDERMAN R. MARTIN

COUNTY ALDERMAN A. G. W. PENNEY

Co-opted: MR. L. FUHRMANN, MR. B. H. SHARP, MRS. J. L. WYATT

SCHOOL HEALTH SERVICE SUB-COMMITTEE

(as on the 31st December, 1970)

COUNCILLOR S. C. ELLIOTT (*Chairman*)

ALDERMAN R. EDWARDS

ALDERMAN F. KENTON

ALDERMAN S. M. KNIGHT, J.P.

ALDERMAN MRS. H. M. PERYER

COUNCILLOR F. J. CHAPMAN

COUNCILLOR MRS. W. M. FRAMPTON

STAFF :

(at 31st December, 1970)

Medical Officer of Health and Borough School Medical Officer

J. A. G. GRAHAM, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health and Deputy Borough School Medical Officer

J. C. AITKEN, M.B., CH.B., D.P.H.

Departmental Medical Officer and School Medical Officer

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

Chief Public Health Inspector

J. R. DAVENPORT, M.A.P.H.I.

Deputy Chief Public Health Inspector

M. BLAKE, M.A.P.H.I.

District Public Health Inspectors

L. A. BIGGS, M.A.P.H.I.

D. L. OAKES, M.A.P.H.I.

P. E. CHATTELLE, M.A.P.H.I.

M. P. WAITT, M.A.P.H.I.

J. E. FANNON, M.A.P.H.I.

P. E. BAVERSTOCK, M.A.P.H.I.

Area Dental Officer

D. E. GIBBONS, B.D.S., L.D.S., D.D.P.H., R.C.S.(ENG.)

Dental Officer—Mobile Unit

MISS S. ILAND, B.D.S.

Consultant Physician in Geriatric Medicine

*R. B. FRANKS, M.B., M.R.C.P.

Consultant Ophthalmologist

*A. LYTON, F.R.C.S., D.O.

Consultant Psychiatrist

*M. ALDRIDGE, B.A., M.B., CH.B., D.P.M.

Area Nursing Officer and Superintendent Health Visitor

MISS M. NASH, S.R.N., S.C.M., H.V.CERT., DIP.SOC.SCIENCE

Health Education Organiser

MISS V. K. JONES, S.R.N., SISTER TUTOR'S CERT.

Health Visitors (10 F/T; 2 P/T)

Domiciliary Midwives (4)

Domiciliary Nurses (25)

Nursing Auxiliaries (11)

Home Help Organiser

MRS. J. A. KENTON

Assistant Home Help Organisers

MRS. J. PARSONS

*MRS. K. DA COSTA

Home Helps (117 Regular Part-time)

Medical Social Worker

MISS E. Y. JONES, B.A., A.I.M.S.W.

Senior Mental Welfare Officer

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

Handicapped Services Officers

MRS. J. A. BOULD, M.A.O.T.

*MISS M. L. ROBERTS, M.A.O.T.

Mental Welfare Officers

D. H. HARNOTT, R.M.N.

MISS J. P. NEWMAN, M.A.O.T.

Chief Chiropodist

E. JONES, S.R.N., M.C.S.P., S.R.CH., M.CH.S.

Senior Chiropodists

J. ALEXANDER, M.CH.S., S.R.CH.

E. ATHERTON, M.CH.S., S.R.CH.

T. F. O. POWELL, M.CH.S., S.R.C.H.

Orthoptist

*MISS H. WISE, D.B.O.

Physiotherapist

*MRS. P. MARKWICK, M.C.S.P.

Speech Therapist

MRS. C. A. CHALMERS, L.C.S.T.

Chief Clerk

T. L. CANTON

(Clerks 13 F/T; 3 P/T)

Other Staff

*Clinic Nurse (1)

Dental Surgery Assistants (2)

*Dental Receptionist/Clerk (1)

Social Centre Hostess (1)

*Social Centre Canteen Assistants (2)

Rodent Operators (2)

Student Public Health Inspectors (3)

General Assistant (1)

Mortuary Attendant (1)

Welfare Assistant (1) (Home Helps)

*Part-time

Part I.

STATISTICS INFECTIOUS DISEASE AND METEOROLOGY

GENERAL STATISTICS

Area of Municipal Borough, including foreshore	8512.742 acres
Population (Census 1921)	31,520
Population (Census 1931)	46,230
Population (Census 1951)	69,431
Population (Census 1961)	80,329
Population (Census 1966—10% sample)	approx. 83,900
Registrar-General's Estimate of Resident Population (1970)	84,130
Number of inhabited Houses (1921)	7,013
Number of inhabited Houses (1970)	35,250
Rateable Value (1970)	£5,919,528
Estimated sum represented by a penny rate (1970-71) ..	£23,600

Population

The Registrar-General's estimate of the mid year population in 1970 (84,130) has been used throughout this report to calculate rates. The corresponding figure for 1969 was 83,100.

VITAL STATISTICS

Vital statistics for 1970 relating to mothers and infants are set out below in the form and detail requested by the Department of Health and Social Security.

Live Births:

Number	864	(865)
Rate per 1,000 population (adjusted)	16.7	(16.8)
<i>Illegitimate Live Births</i> (per cent. of total live births) ..	6.7	(9.5)

Stillbirths:

Number	6	(13)
Rate per 1,000 total live and stillbirths	7.0	(14.8)
<i>Total Live and Stillbirths</i>	870	(878)
<i>Infant deaths</i> (deaths under 1 year)	20	(14)

Infant mortality rates:

Total infant deaths per 1,000 total live births	23.1	(16.2)
Legitimate infant deaths per 1,000 legitimate live births	21.1	(16.6)
Illegitimate infant deaths per 1,000 illegitimate live births	51.7	(12.2)

Neo-natal mortality rate:

(Deaths under four weeks per 1,000 total live births) ..	15.0	(10.4)
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Early Neo-natal mortality rate:

(Deaths under one week per 1,000 total live births) ..	12.7	(9.2)
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Peri-natal mortality rate:

(Stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	19.5	(23.7)
---	------	--------

Maternal mortality (including abortions)

Number of deaths	—	(—)
Rate per 1,000 total live and stillbirths	0.0	(0.0)

(The figures in brackets relate to 1969)

BIRTHS

Live births to Worthing mothers in 1970 numbered 864 (461 boys and 403 girls). These figures refer to occurrences during the year and not to the number of registrations or notifications (see page 36).

This was one less live birth than in the previous year. The crude live birth rate per 1,000 of the population was 10.3, which after multiplication by the Registrar-General's comparability factor of 1.62 gives an adjusted live birth rate of 16.7. This compares with 16.8 in Worthing in 1969 and with the national figure of 16.0 for 1970.

The table below shows the number of live births in Worthing during the past 10 years and compares the adjusted live birth rates with the national figures:—

Year	Live Births	Live Birth Rate* (adjusted)	Live Birth Rate* (England and Wales)
1961	783	10.9	17.6
1962	826	11.5	18.0
1963	856	16.3	18.2
1964	921	17.3	18.5
1965	933	17.4	18.1
1966	918	17.2	17.7
1967	930	17.5	17.2
1968	889	17.3	16.9
1969	865	16.8	16.3
1970	864	16.7	16.0

* per 1,000 population

Illegitimate births

There were 58 illegitimate live births in 1970 (25 boys and 33 girls). This was 6.7% of the total live births, a decrease of 2.8% over the previous year. It will be noted that Worthing has in recent years recorded higher percentages than those of the county and of the country as a whole, but in 1970 this trend was reversed.

Year	Illegitimate Live Births	% of Total Live Births	Corresponding % for W. Sussex	Corresponding % for England and Wales
1961	48	6.1	5.0	5.9
1962	58	7.0	5.6	6.6
1963	56	6.6	5.8	6.9
1964	67	7.3	6.3	7.2
1965	81	8.7	6.8	7.7
1966	79	8.6	7.1	7.9
1967	98	10.5	7.9	8.4
1968	96	10.8	7.5	8.5
1969	82	9.5	7.5	8.0
1970	58	6.7	7.0	8.0

DEATHS

Registered deaths of Worthing residents again topped the 2,000 mark in 1970. After allowing for inward transfers (370 deaths of residents outside the Borough) and outward transfers (337 deaths of non-residents in the Borough), Worthing's final allocation by the Registrar-General was 2,145 (856 males and 1,289 females). This was 90 more than in the previous year and gave the town a crude death rate of 25.5 per 1,000 of the population. After multiplying this by the comparability factor of 0.42 the adjusted death rate becomes 10.7, and this figure can be compared with the national and other local rates. The table below shows the total number of deaths from all causes in the past 10 years and compares the adjusted death rates with those for England and Wales.

Year	Deaths (all causes)	Death Rate* (adjusted)	Death Rate* (England and Wales)
1961	1,751	14.3	11.9
1962	1,807	14.7	11.9
1963	1,934	11.4	12.2
1964	1,772	10.3	11.3
1965	1,895	10.3	11.5
1966	1,885	10.0	11.7
1967	1,969	10.6	11.2
1968	2,106	10.9	11.9
1969	2,055	10.6	11.9
1970	2,145	10.7	11.7

* per 1,000 population

Deaths by age group:

1,339 or 62.4% of all deaths were in the age group 75 years and over, compared with 63.9% in 1969. The following table analyses the deaths further into age groups by sex:—

Age group	Deaths from all causes		
	Male	Female	Total
Under 4 weeks	5	8	13
4 weeks and under 1 year	4	3	7
1-4 years	1	—	1
5-14 years	2	2	4
15-24 years	1	1	2
25-34 years	5	3	8
35-44 years	8	9	17
45-54 years	18	23	41
55-64 years	109	64	173
65-74 years	269	271	540
75 years and over	434	905	1,339
Total: all ages	856	1,289	2,145

Causes of death :

The details set out below are taken from figures issued by the General Register Office:—

Cause of death	Males	Females	Total
Enteritis and other Diarrhoeal Diseases	1	1	2
Tuberculosis of Respiratory System	1	2	3
Late effects of Respiratory Tuberculosis	—	1	1
Meningococcal Infection	—	1	1
Other Infective and Parasitic Diseases	3	5	8
Malignant Neoplasm, Buccal Cavity, Etc.	4	2	6
Malignant Neoplasm, Oesophagus	8	4	12
Malignant Neoplasm, Stomach	18	14	32
Malignant Neoplasm, Intestine	27	43	70
Malignant Neoplasm, Larynx	3	1	4
Malignant Neoplasm, Lung, Bronchus	64	24	88
Malignant Neoplasm, Breast	—	32	32
Malignant Neoplasm, Uterus	—	10	10
Malignant Neoplasm, Prostate	16	—	16
Leukaemia	7	5	12
Other Malignant Neoplasms	36	70	106
Diabetes Mellitus	1	5	6
Avitaminoses, Etc.	—	1	1
Other Endocrine, Etc., Diseases	—	2	2
Anaemias	1	—	1
Meningitis	1	—	1
Multiple Sclerosis	2	2	4
Other Diseases of Nervous System, Etc.	5	6	11
Chronic Rheumatic Heart Disease	5	9	14
Hypertensive Disease	8	12	20
Ischaemic Heart Disease	276	375	651
Other forms of Heart Disease	40	110	150
Cerebrovascular Disease	124	304	428
Other Diseases of Circulatory System	27	55	82
Influenza	9	7	16
Pneumonia	50	77	127
Bronchitis and Emphysema	56	22	78
Asthma	—	7	7
Other Diseases of Respiratory System	11	10	21
Peptic Ulcer	6	14	20
Appendicitis	—	2	2
Intestinal Obstruction and Hernia	2	3	5
Cirrhosis of Liver	—	1	1
Other Diseases of Digestive System	10	5	15
Nephritis and Nephrosis	—	1	1
Hyperplasia of Prostate	6	—	6
Other Diseases, Genito-Urinary System	5	7	12
Diseases of Skin Subcutaneous Tissue	1	—	1
Diseases of Musculo-Skeletal System	2	2	4
Congenital Anomalies	4	3	7
Birth Injury, Difficult Labour, Etc.	2	2	4
Other Causes of Perinatal Mortality	2	6	8
Motor Vehicle Accidents	1	5	6
All Other Accidents	6	11	17
Suicide and Self-Inflicted Injuries	5	7	12
All Other External Causes	—	1	1
TOTALS	856	1289	2145

Stillbirths and infant mortality:

There were six stillbirths in 1970 (seven less than in 1969) and 20 infant deaths under one year (14 in 1969). Of the 20 infant deaths during 1970 ten were on the first day of life and a further three within the next four weeks.

The causes of death was mainly a result of prematurity in ten cases, and the babies died within days. A further six had congenital abnormalities of the brain and heart, two died from pneumonia, one from bronchitis and one from peritonitis.

Figures for perinatal mortality, i.e. stillbirths, and deaths in the first week of life, give a better indication of the hazards of being born than do the simple infant mortality rates. The following table compares the Worth-ing figures with those for England and Wales in the past five years:—

Year	No. of stillbirths	No. of deaths in first week	Perinatal mortality rate*	Corresponding rate for England and Wales*
1966	11	9	22.6	26.3
1967	18	6	27.4	25.4
1968	14	4	19.9	25.0
1969	13	8	23.7	23.0
1970	6	11	19.5	23.0

* per 1,000 total live and stillbirths

Deaths from Heart Disease:

Disease of the heart was again the commonest of all causes of death. Of the 2,145 deaths it was the cause in 835 cases (male 329 and female 506). It represented 38.9 per cent. of the total deaths from all causes and was equivalent to a death rate of 9.8 per 1,000 of the population.

The table below shows the number of deaths from heart disease and the rates per 1,000 of the population in the past 5 years.

Year	Ischaemic heart disease			Hypertensive disease		Other (including rheumatic) heart disease		Total	Rate per 1,000 of the population
	M.	F.	Total	M.	F.	M.	F.	M. and F.	
1966	198	180	378	4	7	102	201	692	8.5
1967	244	221	465	3	15	100	186	769	9.5
1968	272	310	582	5	15	48	115	765	9.2
1969	288	348	636	5	6	33	92	772	9.3
1970	276	375	651	8	12	45	119	835	9.9

Ischaemic heart disease includes “coronary thrombosis,” “cardiac infarction,” “angina,” etc., and deaths from these causes continue to rise. For the third year running there were more deaths among women than men. This was, however, only true in the age group 75 years and over, and must therefore be mainly a reflection of the much larger numbers of females in the town who live to this age or more. At the 1966 sample census there were approximately 8,300 females in this age group, but only 3,400 males.

Deaths from cerebro-vascular disease and other diseases of the circulatory system:

Together such deaths numbered 510 (151 males and 359 females) and were second only to heart disease as the commonest cause. This is a rate of 6.1 per 1,000 of the population and constituted 23.7% of the total number of deaths in Worthing during the year.

428 of these 510 deaths were due to cerebro-vascular disease, and include all deaths from strokes caused by cerebral haemorrhage, cerebral thrombosis, etc.

Deaths from Cancer

Cancer was the third commonest cause of death in 1970. The total of 388 deaths (183 males and 205 females) was eight more than in 1969, and formed 18.1% of deaths from all causes. The death rate per 1,000 of the population had increased slightly to 4.61, and was still almost double that for England and Wales (2.39). The age structure of Worthing's population accounts for this.

The table below shows the number of cancer deaths, the rates per 1,000 of the population and the percentage of total deaths in the past five years. The figures differ a little from similar tables in previous years as they now include deaths from leukaemia.

Year	Number of deaths	Rate per 1,000 of the population	% of total deaths
1966	374	4.61	19.8
1967	390	4.80	19.6
1968	365	4.39	17.3
1969	380	4.57	18.5
1970	388	4.61	18.1

The localisation of the disease was as follows:—

Localisation				No. of deaths		
				Male	Female	Total
Buccal Cavity	..	..	..	4	2	6
Oesophagus	..	..	..	8	4	12
Stomach	..	..	..	18	14	32
Intestine	..	..	..	27	43	70
Larynx	..	..	..	3	1	4
Lung, Bronchus	..	..	..	64	24	88
Breast	..	..	..	—	32	32
Uterus	..	..	..	—	10	10
Prostate	..	..	..	16	—	16
Leukaemia	..	..	..	7	5	12
Other	..	..	..	36	70	106
Total				183	205	388

Deaths from Diseases of the Respiratory System:

There were 249 deaths attributed to diseases in this group (126 male and 123 female), making them the fourth commonest cause of death with a rate of 3.0 per 1,000 of the population. This compares with 2.4 the previous year. The following table analyses in more detail the figures over the past five years:—

Year	Influenza	Pneumonia	Bronchitis and Emphysema	Other diseases of Respiratory System (including asthma)	Total	Rate per 1,000 of population
1966	3	92	52	12	159	2.0
1967	1	85	67	13	166	2.0
1968	63	121	73	21	278	3.3
1969	4	107	69	22	202	2.4
1970	16	127	78	28	249	3.0

INFECTIOUS DISEASE

The diseases requiring to be notified to the Medical Officer of Health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery (amoebic or bacillary)	Tetanus
Food poisoning	Tuberculosis
Infective Jaundice	Typhoid fever
Leprosy	Typhus fever
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Diseases notified during the year totalled 322, compared with 65 in 1969.

In 1970 no cases occurred in Worthing of diphtheria, poliomyelitis or typhoid fever, and the only disease other than measles which reached double figures was whooping cough, with 15 notifications. The tables in the three following pages give further details.

Tuberculosis:

Formal notification of new cases numbered eight, the same total as in 1969. All were pulmonary.

Four deaths due to respiratory tuberculosis were assigned to Worthing residents by the Registrar General compared with three the previous year.

During the year the number of patients on the Tuberculosis Register decreased from 36 to 35. The position is summarised in the following table:—

	Males		Females		Total
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number of cases on register on 1.1.70 ..	18	—	17	1	36
New cases ..	5	—	3	—	8
Number of cases re-stored to register ..	1	—	—	—	1
Number of cases added other than by formal notification	2	—	3	—	5
Number of cases removed from register	8	—	7	—	15
Number of cases on register on 31.12.70	18	—	16	1	35

Further information about tuberculosis discovered by means of mass radiography is given on page 47, and details about B.C.G. vaccination on page 47.

Glandular Fever :

Glandular fever is an infectious disease but is not officially notifiable. However, Worthing Hospital laboratory advises the Health Department of their findings, and during 1970 47 cases (26 female and 21 male) were reported in Worthing residents.

NOTIFIED INFECTIOUS DISEASES—1970 (Corrected in Cases of Revised Diagnosis)

	Under 1 year	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and over	Age un- known	Total
Scarlet Fever ..	—	—	—	2	—	3	1	—	—	—	—	—	—	—	6
Whooping Cough ..	1	1	2	2	2	4	3	—	—	—	—	—	—	—	15
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	6	32	32	30	48	124	2	1	—	1	—	—	—	—	276
Meningococcal Infection	—	—	1	—	—	—	1	—	—	1	—	—	—	—	3
Acute Poliomyelitis (Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	—	—	—	—	—	1	—	1	1	—	1	—	—	—	4
Typhoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	—	3	1	—	4
Tuberculosis ..	—	—	—	—	—	—	—	—	—	—	1	2	5	—	8
Infective Jaundice ..	—	—	—	—	—	—	2	—	2	1	—	1	—	—	6
Totals ..	7	33	35	34	50	132	9	2	3	3	2	6	6	—	322

NOTIFIED INFECTIOUS DISEASES—1956-1970

YEAR:—	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Scarlet Fever ..	23	16	17	45	50	7	3	5	9	6	29	42	3	5	6
Whooping Cough ..	30	230	24	76	89	27	—	19	22	15	8	8	30	7	15
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	12	203	418	1,087	12	392	12	930	35	759	386	360	27	18	276
Meningococcal Infection	—	—	—	—	—	—	—	1	—	—	3	—	3	2	3
Acute Poliomyelitis (Paralytic) ..	4	5	1	—	—	—	—	—	—	1	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ..	13	1	2	—	—	1	—	7	—	9	1	2	2	—	4
Typhoid Fever	—	—	—	—	1	—	—	—	2	—	1	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	1	—	—	—	1	—	—	1	—
Food Poisoning	2	6	3	2	1	—	1	—	—	—	—	3	—	11	4
Malaria ..	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
Tuberculosis ..	17	20	15	35	16	10	17	14	8	14	5	12	3	8	8
Infective Jaundice	—	—	—	—	—	—	—	—	—	—	—	—	1	13	6

Venereal Disease:

The number of cases reported in Worthing in 1970 decreased by three. I am indebted to Dr. D. R. Levinson, Consultant Venereologist, for the following statistics which relate to West Sussex patients seen at Worthing Hospital during the past five years.

Disease	Number of new cases in year				
	1966	1967	1968	1969	1970
Syphilis	4	3	3	3	5
Gonorrhoea	52	34	18	60	55
Other conditions	182	176	185	227	227
Total	238	213	206	290	287

The above figures include patients who live outside the Borough. Not included are others who are resident here but attended treatment centres elsewhere, e.g. in Brighton.

METEOROLOGY

The Meteorological Station is in Beach House Park which is 25 feet above Ordnance Datum. Here all the instruments, except the Fortin Standard Barometer and the Sunshine Recorder are kept. Observations are taken every day throughout the year at 9 a.m. and 6 p.m.

All instruments at the local Meteorological Observatory are examined and tested periodically by Officers of the Meteorological Office, Air Ministry, Bracknell, Berkshire.

A code report is sent by telephone each evening to the Meteorological Office, London, and the leading newspapers are supplied with reports from that Office.

Weekly reports are sent to the local newspapers, and a full report monthly to the Meteorological Office, Bracknell, for publication in their journals. Rainfall statistics are supplied to the British Rainfall Organisation.

The daily weather report of the Air Ministry, the previous day's sunshine card and a collection of charts and records are also exhibited in the windows of the Information Bureau at the Pier.

A statistical summary of Worthing's climate over the past 60 years can be found in Table I on page 23. From these figures emerge the following records:

Lowest temperature	13°F. in 1929
Highest temperature	90°F. in 1947
Lowest rainfall	13.26 inches in 1921
Highest rainfall	41.43 inches in 1960
Least sunshine	1,600.2 hrs. in 1913
Most sunshine	2,128.9 hrs. in 1949

WORTHING'S WEATHER, 1970

1970 was the wettest year for 10 years. Rainfall amounted to 31.28 inches, of which half fell in three months. November had the most rain with 7.51 inches—the wettest November since 1940. January and August were also wet months and recorded the largest rainfall totals since 1960. June was the driest month with only .98 inch rain and 23 rainless days.

Despite so much rain, sunshine was above average with 1,865.0 hours, the best sun total since 1967. June, the sunniest month of the year, recorded 291.3 hours, the highest June total since 1957. February also was brilliantly sunny and equalled the April total of 132.2 hours. It was the sunniest February, but one, since 1909.

Mean temperature for the year averaged 51 degrees. June was the warmest month with 63.8 degrees, the warmest June since 1905.

It was the driest and sunniest winter since 1962/3 and the mildest since 1966/67. For the first time since the 1930's the town had a white Christmas, the snow finally disappearing on the twelfth night after Christmas.

Summary of Observations :

Total amount of bright sunshine: 1,865·0 hours.

Number of days with sunshine: 307.

Rainfall: 31·28 inches.

Number of rain days (0·1 inch or more): 167.

Number of wet days (·04 inch or more): 121.

Highest barometric reading: 30·807 inches on 9th December.

Lowest barometric reading: 29·013 inches on 12th February.

Warmest day: 9th June (78°).

Coldest night: 6th January (23°).

Coldest day: 27th December (33°).

Warmest night: 9th June (64°).

Warmest month (by day) June (average temperature 68·9°).

Coldest month (by night) February (average temperature 34·5°).

Mean temperature: 51·0°.

Mean relative humidity, at 10 a.m.; 81·8%.

Lowest temperature on the grass: 18° on 29th December.

Wettest day: 21st August (1·33 inches).

Sunniest day: 21st June (15·3 hours).

Number of days snow or sleet fell: 12.

Number of days hail fell: 1.

Number of days thunder heard: 6.

Number of ground frosts: 87.

Number of days with gales: 8.

Number of days snow lying: 9.

Number of days with fog (9 a.m.): 3.

Bright Sunshine

The Campbell-Stokes Sunshine Recorder is fixed on a platform at the top of Christ Church tower, 111 feet above mean sea level and 84 feet above ground level.

The duration of bright sunshine for the year was 1,865·0 hours, the sunniest year since 1967.

This amount is 41·7 per cent. of the time during which the sun was above the horizon, giving a daily mean of 5·11 hours. The average yearly sunshine for the previous 20 years was 1,786·9 hours. During this period the year with the highest record was 1959, when 2,123·9 hours were recorded, whilst the year 1958 was the lowest with 1,601·5 hours. The sunniest day was 21st June when 15·3 hours were recorded.

June, with 291·3 hours, was the sunniest month and January with 42·2 hours, was the least sunny.

A sunless day is one on which less than six minutes of bright sunshine are recorded. Tables II, III and IV on pages 24, 25 and 26 give further details.

Rainfall

This is measured by an official 5 inch Copper Rain Gauge (Met. Office pattern).

The rainfall for the year 1970 was 31.28 inches. This amount is 3.79 inches above the Normal and 3.77 inches above the previous 20 years' average.

The month of June was the driest with 0.98 inch, falling below the Normal amount by 0.55 inch. November was the wettest month with 7.51 inches, this amount being 4.07 inches above the Normal. The heaviest daily rainfall was 1.33 inches on 21st August. There were 167 days on which 0.01 inch or more rain fell, compared with 151 days which is the average number for the previous 20 years.

One inch of rainfall is equivalent to 100.925 tons per acre or 14.4686 millions of gallons per square mile.

SUMMER RAINFALL. Total for six months (1st April to 30th September) was 12.50 inches compared with an average summer rainfall for the previous 10 years of 13.28 inches.

WINTER RAINFALL. Total for six months (January to March and October to December) was 18.78 inches, compared with an average winter rainfall for the previous 10 years of 16.38 inches.

Tables V and VI on pages 27 and 28 give further information.

Barometric pressure

The mean barometric reading for the year was 29.978 inches (when reduced to sea level and to a temperature of 32° Fahr.), the average for the previous 10 years being 29.984. The highest reading for the year was 30.807 inches on 9th December, and the lowest reading was 29.013 inches on 12th February. The absolute range for the year was 1.794 inches and the average range for the previous 10 years 1.826 inches.

One inch barometric pressure is equivalent to 70.727 lbs. per square foot.

Table VII on page 29 shows the monthly readings.

Temperature and Humidity

The shade thermometers, in a Stevenson screen, are:—self-recording maximum, self-recording minimum, dry bulb and wet bulb.

All thermometers are Fahrenheit and are verified at the National Physical Laboratory, Kew.

A self-recording minimum thermometer is used for registering the temperature on the grass.

Two earth thermometers are in use at various depths—1ft. and 4ft.

The mean temperature for the year was 51·0° Fahr. which represents the Normal. The highest shade temperature for 1970 was 78° recorded on 9th June, and the lowest 23° on 6th January. The extreme range of temperature was 55° compared with an average of 58° for the previous 10 years. The temperature on the grass fell below 32° on 87 nights. The lowest temperature on the grass was 18° during the night of December 29th.

Humidity

The mean relative humidity of the atmosphere (percentage of saturation of the air) at 9 a.m. was 80·1 % compared with the previous 10 years' average of 81·3 %.

Table VIII on page 29 gives the monthly mean maximum and minimum temperature readings and Table IX on page 30 further details on cloud and relative humidity.

Wind

Percentages of direction of wind from 730 observations taken at 9 a.m. and 6 p.m. throughout the year:—

	9 a.m.	6 p.m.		9 a.m.	6 p.m.
	%	%		%	%
N.	13·4	10·2	S.	5·7	6·8
N.E.	18·6	11·5	S.W.	20·0	25·1
E.	4·1	6·3	W.	10·2	18·6
S.E.	6·8	7·4	N.W.	21·2	14·1
Calm	—	—			

Further details can be found in Table X on page 31.

Visibility

This is measured on an arbitrary scale which depends on ability to see a particular object from a fixed view point. For example, if maximum visibility from the office gate is the north west corner of the town hall (a distance of 110 yards), then “thick fog” is present, designated by the letter “C”. If on the other hand visibility from Christ Church Tower extends to Selsey Bill (18¼ miles), but not Beachy Head (27 miles) then it is said to be “very good” (L), but not “excellent” (M).

During 1970, fog was recorded on three occasions at 9 a.m. Excellent visibility was recorded on 62 occasions. The complete record is shown in Table XI on page 32 with a key to the table on page 33.

TABLE 1—CLIMATE OF WORTHING—1911-1970

Year	Temperatures							Rainfall		Sunshine	Year
	Means					Extremes		Amount at Observ- atory	Number of days rain fell	Number of hours in year	
	9 a.m.	Min.	Max.	Range	Mean	Min.	Max.				
	Degrees							Inches			
1911 ..	52.8	45.1	58.0	12.9	51.5	25.4	87.9	31.68	149	2115.0	..1911
1912 ..	51.6	45.0	56.6	11.6	50.8	19.0	84.2	35.95	192	1609.9	..1912
1913 ..	52.1	45.9	57.4	11.5	51.6	26.2	79.0	34.98	170	1600.2	..1913
1914 ..	52.7	45.2	57.9	12.7	51.5	23.2	78.2	31.31	164	2000.5	..1914
1915 ..	51.1	43.8	56.3	12.5	50.5	24.7	77.1	36.64	152	1801.3	..1915
1916 ..	51.2	44.7	56.3	11.6	50.5	25.0	77.0	32.89	182	1658.0	..1916
1917 ..	49.2	43.0	54.6	11.6	48.8	20.7	79.0	25.49	147	1804.7	..1917
1918 ..	51.0	44.7	56.5	11.8	50.6	20.0	78.0	24.41	165	1856.5	..1918
1919 ..	49.4	42.9	54.9	12.0	48.9	22.0	78.5	28.54	158	1788.5	..1919
1920 ..	51.7	45.6	56.6	11.0	51.1	23.0	76.0	26.40	139	1692.1	..1920
1921 ..	53.4	46.4	58.8	12.4	52.6	27.6	86.7	13.26	108	2101.5	..1921
1922 ..	50.1	43.9	54.8	10.9	49.3	25.2	78.2	25.71	159	1781.2	..1922
1923 ..	50.8	44.5	55.6	11.1	50.1	24.0	86.0	30.62	170	1805.9	..1923
1924 ..	50.8	45.4	55.3	9.9	50.3	25.0	74.6	32.65	159	1759.6	..1924
1925 ..	49.8	44.7	55.9	11.2	50.3	24.0	80.2	34.70	158	1955.8	..1925
1926 ..	51.6	45.7	56.7	11.0	51.2	21.8	83.3	28.57	160	1677.7	..1926
1927 ..	50.8	45.0	55.8	10.8	50.4	22.4	78.1	34.88	165	1731.4	..1927
1928 ..	51.9	45.1	57.0	11.9	51.0	21.6	82.0	32.84	161	1999.1	..1928
1929 ..	50.9	44.1	56.0	11.9	50.0	13.0	80.0	29.71	134	2062.5	..1929
1930 ..	52.0	46.9	56.4	9.5	51.3	26.0	82.6	28.31	169	1821.4	..1930
1931 ..	51.0	45.0	55.0	10.0	50.0	21.0	77.0	25.80	147	1610.5	..1931
1932 ..	50.5	45.1	55.8	10.7	50.5	23.0	80.0	23.91	148	1616.7	..1932
1933 ..	52.0	45.5	56.4	10.9	51.2	23.6	81.2	20.40	125	2102.6	..1933
1934 ..	52.1	45.6	57.5	11.9	51.8	24.0	82.0	27.49	139	1811.0	..1934
1935 ..	51.8	46.1	56.6	10.5	51.3	25.6	83.8	37.74	173	1805.2	..1935
1936 ..	51.3	45.4	55.9	10.5	50.7	27.1	81.3	27.42	169	1675.0	..1936
1937 ..	51.5	46.3	57.2	10.9	51.8	26.0	76.8	31.59	162	1668.3	..1937
1938 ..	52.7	46.1	57.1	11.0	51.6	19.5	82.5	22.95	156	1796.4	..1938
1939 ..	51.8	45.8	56.5	10.7	51.2	20.0	81.5	34.42	171	1809.7	..1939
1940 ..	50.0	45.0	56.0	11.0	50.5	16.0	80.0	30.13	148	1976.8	..1940
1941 ..	50.3	44.0	56.0	12.0	50.0	22.0	83.0	25.83	139	1791.7	..1941
1942 ..	50.0	44.8	55.3	10.5	50.5	19.0	83.0	24.62	129	1711.6	..1942
1943 ..	52.0	46.0	58.0	12.0	52.0	28.0	80.0	23.68	145	1864.8	..1943
1944 ..	51.3	45.4	56.2	10.8	50.8	26.0	81.0	22.14	136	1765.5	..1944
1945 ..	52.5	46.5	57.2	10.7	51.2	19.0	80.0	22.98	138	1783.9	..1945
1946 ..	51.6	45.5	55.7	10.2	50.6	23.0	76.0	30.96	170	1790.7	..1946
1947 ..	51.3	45.7	56.1	10.4	50.9	15.0	90.0	24.31	139	1896.8	..1947
1948 ..	52.6	46.6	57.6	11.0	52.1	17.0	88.0	25.23	154	1916.9	..1948
1949 ..	53.3	47.2	58.4	11.2	52.8	29.0	81.0	23.90	120	2128.9	..1949
1950 ..	52.1	46.1	56.7	10.6	51.4	24.0	81.0	26.95	157	1805.4	..1950
1951 ..	51.9	46.0	56.3	10.3	51.2	22.0	76.0	37.98	184	1838.4	..1951
1952 ..	50.7	45.0	56.0	11.0	50.2	23.0	82.0	28.54	175	1917.0	..1952
1953 ..	51.9	46.2	57.1	10.9	51.7	25.0	80.0	24.33	125	1885.1	..1953
1954 ..	51.0	45.3	56.0	10.7	50.7	18.0	75.0	30.28	188	1687.3	..1954
1955 ..	51.0	44.8	56.4	11.6	50.6	25.0	84.0	24.75	140	1936.4	..1955
1956 ..	49.9	44.2	55.0	10.8	49.6	16.0	77.0	24.08	148	1726.7	..1956
1957 ..	52.2	46.8	57.1	10.3	51.9	30.0	82.0	25.30	162	1836.4	..1957
1958 ..	50.8	45.9	55.5	9.6	50.7	23.0	77.0	34.36	169	1601.5	..1958
1959 ..	53.1	47.1	58.7	11.6	52.9	26.0	82.0	23.47	128	2123.9	..1959
1960 ..	51.4	46.5	56.4	9.9	51.5	21.0	80.0	41.43	196	1617.9	..1960
1961 ..	52.6	46.7	57.5	10.8	52.1	25.0	79.0	27.29	152	1875.8	..1961
1962 ..	49.7	43.8	54.7	10.9	49.2	18.0	73.0	25.86	143	1794.4	..1962
1963 ..	49.0	44.1	53.5	9.4	48.8	18.0	80.0	26.93	165	1643.9	..1963
1964 ..	50.9	45.5	55.9	10.4	50.7	23.0	78.0	26.55	148	1743.0	..1964
1965 ..	50.0	44.5	55.1	10.6	49.8	22.0	73.0	30.74	159	1705.7	..1965
1966 ..	51.8	46.0	56.4	10.4	51.2	22.0	81.0	31.23	178	1652.6	..1966
1967 ..	51.0	46.0	56.5	10.5	51.2	17.0	79.0	29.16	150	1900.4	..1967
1968 ..	50.8	45.6	55.3	9.7	50.5	24.0	82.0	30.98	135	1643.5	..1968
1969 ..	51.1	45.4	56.5	11.1	50.9	22.0	80.0	26.51	137	1803.8	..1969
1970 ..	51.2	45.7	56.4	10.7	51.0	23.0	78.0	31.28	167	1865.0	..1970

TABLE II—**BRIGHT SUNSHINE—1970 (Mainland Stations)**

The official sunshine return of the Meteorological Office, Air Ministry, containing a list of sunshine stations in the United Kingdom was received on the 18th June.

The following mainland stations in ranking order have been extracted from the return which shows that Worthing held fourth position on the mainland.

<i>Position</i>	<i>Station</i>					<i>Sunshine (Hours)</i>
1	Eastbourne	..	..	..	..	1917·7
2	Swanage	..	..	..	..	1903·9
3	Bognor Regis	..	..	..	..	1897·9
4	WORTHING	..	..	..	..	1865·0
5	Weymouth	..	..	..	..	1849·1
6	Bournemouth	..	..	..	..	1848·1
7	Torquay	..	..	..	..	1843·0
8	Portland Bill	..	..	..	..	1840·7
9	Folkestone	..	..	..	..	1831·6
10	Hayling Island	..	..	..	..	1831·0
11	Littlehampton	..	..	..	..	1825·5
12	Dover	..	..	..	..	1803·1
13	Teignmouth	..	..	..	..	1799·1
14	East Hoathly (E. Sussex)	..	..	..	..	1790·7
15	Everton (Hants)	..	..	..	..	1789·3
16	Southsea	..	..	..	..	1784·5
17	Bexhill	..	..	..	..	1774·7
18	Hastings	..	..	..	..	1759·6
19	Brighton	..	..	..	..	1759·0
20	Exmouth	..	..	..	..	1756·9
21	Poole	..	..	..	..	1752·6
22	Thorney Island	..	..	..	..	1739·5
23	Walton-on-Naze	..	..	..	..	1732·7
24	Peckham (Kent)	..	..	..	..	1724·4
25	Lizard	..	..	..	..	1714·1
26	Penzance	..	..	..	..	1712·8
27	Plymouth	..	..	..	..	1710·7
28	Starcross (Devon)	..	..	..	..	1699·4
29	Southampton	..	..	..	..	1698·9
30	Clacton-on-Sea	..	..	..	..	1695·9
31	Whitstable	..	..	..	..	1692·3
32	Reading	..	..	..	..	1688·8
33	Salcombe (Devon)	..	..	..	..	1685·5
34	Margate	..	..	..	..	1674·7
35	Plumpton (E. Sussex)	..	..	..	..	1668·7
36	Wye (Kent)	..	..	..	..	1665·6
37	Newton Abbot	..	..	..	..	1664·1
38	Gulval (Cornwall)	..	..	..	..	1649·6
39	Abingdon (Berks)	..	..	..	..	1640·5
40	London Weather Centre	..	..	..	..	1636·6
41	Falmouth	..	..	..	..	1636·1
42	Kew	..	..	..	..	1630·5
43	Shoeburyness	..	..	..	..	1630·5
44	Fernhurst (W. Sussex)	..	..	..	..	1612·2
45	Boscombe Down (Wilts)	..	..	..	..	1612·1
46	Dale Fort (Pembrokeshire)	..	..	..	..	1610·3
47	East Malling (Kent)	..	..	..	..	1598·4
48	Porton (Wilts)	..	..	..	..	1596·9
49	Southport	..	..	..	..	1594·9
50	Hurley (Berks)	..	..	..	..	1587·3

TABLE III—BRIGHT SUNSHINE

Month	Total Hours Bright Sunshine	Average for 30 years 1931-1960	Hours Daily Mean	Percentage of average %	Days with Sunshine	Most in one day Hours	Monthly Total		
							Highest		Lowest
							Hours	Year	
January ..	42.2	71	1.36	60	19	6.6	109.9	1940	1912
February ..	132.2	83	4.72	161	23	9.1	140.3	1949	1947
March ..	134.0	141	4.32	95	28	10.1	220.8	1907	1964
April ..	132.2	187	4.41	71	26	12.2	267.2	1912	1905
May ..	253.2	230	8.17	110	29	14.6	353.1	1909	1932
June ..	291.3	243	9.71	120	29	15.3	327.1	1957	1909
July ..	223.3	224	7.20	99	30	15.0	369.0	1911	1944
August ..	220.7	218	7.12	101	29	13.1	298.4	1899	1912
September ..	187.1	166	6.24	113	28	11.5	262.6	1898	1945
October ..	122.6	124	3.95	99	24	9.9	182.9	1965	1915
November ..	62.6	73	2.09	86	22	7.3	131.3	1909	1962
December ..	63.6	61	2.05	104	20	6.8	113.8	1962	1956
Year 1970 ..	1865.0	1821	5.11	102	307	15.3	369.0	July 1911	Dec. 1956
Highest and Lowest Year Totals							2141.0	1899	1913

TABLE IV—BRIGHT SUNSHINE

Year	Campbell-Stokes Recorder Bright Sunshine Hours	Bright Sunshine Days	Sunniest Days	
			Day	Hours
1950	1805.4	312	June 16th	15.1
1951	1838.4	297	June 19th	15.1
1952	1917.0	317	June 30th	15.1
1953	1885.1	302	July 24th	14.3
1954	1687.3	301	June 20th	14.4
1955	1936.4	305	May 30, June 1	14.9
1956	1726.7	311	July 25th	14.9
1957	1836.4	307	June 13th	15.5
1958	1601.5	306	May 28, June 14	14.9
1959	2123.9	320	June 17th	15.3
1960	1617.9	298	June 20th	15.1
1961	1875.8	311	June 29th	15.0
1962	1794.4	306	June 7th	15.3
1963	1643.9	286	June 6th	15.2
1964	1743.0	284	July 13th	15.0
1965	1705.7	310	June 28th	14.7
1966	1652.6	296	May 30th	14.9
1967	1900.4	315	July 11th	15.1
1968	1643.5	286	June 12th	15.4
1969	1803.8	302	July 13th	14.8
1970	1865.0	307	June 21st	15.3
Average for 20 years 1950—1969	1786.9	303		

TABLE V—RAINFALL

1970		Total Rain-fall	Difference from the Normal	Greatest Fall in 24 hours beginning 10 a.m.	Number of Days with .01 in. or more .04 in. or more		Total Rain Days
January	..	ins. 4.50	ins. +1.56	ins. 0.71	22	15	22
February	..	2.51	+0.51	0.36	21	14	21
March	..	2.01	+0.29	0.44	17	12	17
April	.. ..	2.23	+0.45	0.40	21	10	21
May	.. ..	1.22	—0.43	0.39	8	7	8
June	.. ..	0.98	—0.55	0.27	7	5	7
July	.. ..	1.61	—0.53	0.37	11	8	11
August	..	3.53	+1.25	1.33	7	6	7
September	..	2.93	+0.77	1.08	13	13	13
October	..	1.09	—1.86	0.52	7	6	7
November	..	7.51	+4.07	0.85	20	17	20
December	..	1.16	—1.74	0.32	13	8	13
Year	.. ..	31.28	+3.79	1.33	167	121	167

TABLE VI—RAINFALL

Year	Rainfall in inches	No. of Days Rain fell (0.01 inch or more)	Greatest Fall in a Day	
			Amount in inches	Day and Month
1950	26.95	157	0.89	20th November
1951	37.98	184	1.40	11th June
1952	28.54	175	1.29	30th September
1953	24.33	125	1.22	12th October
1954	30.28	188	1.81	25th July
1955	24.75	140	1.40	22nd September
1956	24.08	148	0.97	4th September
1957	25.30	162	1.27	3rd November
1958	34.36	169	1.62	28th January
1959	23.47	128	0.83	6th December
1960	41.43	196	1.74	10th August
1961	27.29	152	1.77	29th January
1962	25.86	143	1.12	20th July
1963	26.95	165	1.04	15th November
1964	26.55	148	1.67	31st May
1965	30.74	159	1.44	2nd August
1966	31.23	178	1.38	6th August
1967	29.16	150	1.32	3rd November
1968	30.98	149	2.35	9th July
1969	26.51	137	1.69	6th July
Average for 20 years 1950-1969	27.51	151	2.35	9th July
1970	31.28	167	1.33	21st August

TABLE VII—BAROMETRIC PRESSURE

1970	Barometric pressure (Reduced to sea level and 32° Fahr.)			
	Mean (inches)	Extremes		
		Highest	Lowest	
January	29·722	30·238	29·186	
February	29·816	30·467	29·013	
March	29·991	30·455	29·118	
April	29·923	30·349	29·445	
May	30·055	30·524	29·556	
June	30·056	30·412	29·821	
July	29·984	30·297	29·643	
August	29·984	30·250	29·558	
September	30·025	30·317	29·439	
October	30·119	30·457	29·564	
November	29·831	30·338	29·080	
December	30·224	30·807	29·595	
Year 1970	29·978	30·807	29·013	

TABLE VIII—TEMPERATURE

1970	Air temperature in screen (F)					
	Means of		Mean of A & B	Difference from normal	Extremes	
	A Max.	B Min.			Max.	Min.
	(°)	(°)	(°)	(°)	(°)	(°)
January	44·8	36·3	40·5	—0·5	49	23
February	45·5	34·5	40·0	—0·7	51	27
March	45·9	34·7	40·3	—3·1	52	26
April	49·6	40·1	44·9	—2·7	56	29
May	61·6	48·7	55·1	+2·1	72	44
June	68·9	58·8	63·8	+5·2	78	48
July	67·0	54·6	60·8	—1·1	75	47
August	68·8	56·6	62·7	+0·7	78	46
September	66·3	54·8	60·5	+1·8	73	44
October	59·7	48·6	54·1	+1·6	71	38
November	53·4	44·0	48·7	+3·0	59	30
December	44·8	36·6	40·7	—0·9	54	25
Year 1970	56·4	45·7	51·0	0·0	78	23

TABLE IX—CLOUD AND HUMIDITY

Month.	Cloud Amount Scale 1-8		Mean Relative Humidity	Mean Humidity previous 10 years 1960-1969
	9 a.m.	6 p.m.	9 a.m.	9 a.m.
January	7	7	% 91	% 88
February	4	5	85	86
March	5	6	81	82
April	5	6	81	80
May	5	5	79	77
June	4	4	74	76
July	6	5	77	76
August	4	4	79	79
September	5	5	81	82
October	5	5	82	85
November	6	6	85	85
December	6	9	87	87
Year 1970 ..	5	6	80	Yearly average 82

TABLE X—WINDS

Month.	9 a.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	4	4	1	7	6	5	1	3	—
February	4	5	—	1	—	6	7	5	—
March	6	8	1	—	—	6	2	8	—
April	11	1	—	2	—	9	2	5	—
May	2	7	3	2	1	6	1	9	—
June	1	14	3	3	—	4	—	5	—
July	3	4	—	—	2	9	6	7	—
August	6	7	2	2	1	4	1	8	—
September ..	1	2	2	4	3	5	7	6	—
October	2	4	2	1	1	7	3	11	—
November ..	1	2	—	3	6	7	4	7	—
December ..	8	10	1	—	1	5	3	3	—
Year 1970 ..	49	68	15	25	21	73	37	77	—

Month.	6 p.m. OBSERVATIONS.—DIRECTION.								
	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm
January	3	2	2	8	7	5	2	2	—
February	2	6	—	—	—	6	9	5	—
March	7	7	1	1	1	5	5	4	—
April	5	3	—	—	—	11	5	6	—
May	2	2	4	3	1	7	3	9	—
June	—	5	4	2	3	10	4	2	—
July	1	2	—	—	3	7	10	8	—
August	2	3	3	3	4	7	6	3	—
September ..	1	2	3	5	1	8	6	4	—
October	3	4	2	1	—	7	10	4	—
November ..	1	1	1	3	3	12	6	3	—
December ..	10	5	3	1	2	6	3	1	—
Year 1970 ..	37	42	23	27	25	91	69	51	—

TABLE XI—VISIBILITY

Summary of observations taken at 9 a.m. and 6 p.m.

MONTH	FOG				MIST OR HAZE				GOOD VISIBILITY													
	A		B & C		D & E		F		G		H		I		J		K		L		M	
	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.	9 a.m.	6 p.m.
January ..	—	—	—	—	1	—	1	1	1	2	5	2	12	17	8	6	3	2	—	—	—	1
February ..	—	—	—	—	—	—	—	—	—	3	3	1	14	8	5	9	5	4	1	3	—	—
March ..	—	—	—	—	—	—	3	1	—	—	2	1	10	7	10	7	6	10	2	3	—	1
April ..	—	—	—	—	1	1	1	2	1	3	8	3	3	6	7	3	7	11	1	1	1	3
May ..	—	—	—	—	1	—	1	1	—	—	3	2	12	6	7	10	7	7	—	3	—	2
June ..	—	—	—	—	—	1	—	—	—	—	1	1	5	6	11	4	7	11	2	3	3	4
July ..	—	—	—	—	—	—	—	—	1	—	1	—	7	2	7	9	3	3	7	8	5	9
August ..	—	—	—	—	—	—	—	—	2	—	2	1	9	8	14	11	3	3	—	1	1	7
September ..	—	—	—	—	—	—	—	—	—	1	6	4	8	2	5	6	5	5	5	6	1	6
October ..	—	—	—	—	—	—	—	—	1	2	3	1	9	5	7	7	5	5	2	4	4	7
November ..	—	—	—	—	—	—	—	—	1	1	4	3	4	8	10	6	7	6	1	4	3	2
December ..	—	—	—	—	—	—	1	1	1	1	5	6	12	8	8	10	2	2	1	4	2	—
Year 1970 ..	—	—	—	—	3	2	3	6	10	11	43	25	105	83	99	88	60	69	22	40	20	42

KEY TO TABLE XI—VISIBILITY

Letter	Standard Distance	Actual Distance	Description of visibility	Object	View Point	Bearings
A	22 yards	21 yards	Dense Fog	Chestnut tree on opposite side of road	Office Door	S.E.
B	44 yards	45 yards	Thick Fog	Chestnut tree outside entrance to "Ryecroft"	Office Gate	E.
C	110 yards	110 yards	Thick Fog	N.W. corner of Town Hall	Office Gate	E.
D	220 yards	220 yards	Fog	Christ Church Tower	Office Window	S.
E	440 yards	430 yards	Moderate Fog	Holy Trinity Church Spire	Christ Church Tower	S.W.
F	1100 yards	1100 yards	Very Poor	Heene Church Tower	" "	W.
G	1½ miles	1¼ miles	Poor	Tarring Church Tower	" "	N.W.
H	2½ miles	2¾ miles	Moderate	Top of High Salvington Hill	" "	N.W.
I	4½ miles	4¼ miles	Moderate	Highdown Hill	" "	W.N.W.
J	6¼ miles	6⅝ miles	Good	Portslade Gas Works Chimney	" "	E.
K	12½ miles	12½ miles	Very Good	Hills beyond Brighton	" "	E.
L	18¾ miles	18¼ miles	Very Good	Selsey Bill	" "	W.S.W.
M	25 miles	27 miles	Excellent	Beachy Head	" "	E.S.E.

Part II.

PERSONAL HEALTH SERVICES

DELEGATED HEALTH AND WELFARE SERVICES

Under the Local Government Act, 1958, some of the Health and Welfare functions of County Councils can be delegated to certain District Councils. This has applied in Worthing since 1st April, 1961, when West Sussex County Council delegated to the Borough Council their duties in respect of the following:—

(a) National Health Service Act, 1946.

Section 21—Health Centres.

22—Care of Mothers and Young Children.

23—Midwifery.

24—Health Visiting.

25—Home Nursing.

26—Vaccination and Immunisation.

28—Prevention of Illness, Care and After-Care.

29—Domestic Help.

(b) Mental Health Act, 1959—

Care and After-care of persons suffering from mental disorder, except for those in residential accommodation.

(c) National Assistance Act, 1948—

Section 29—Welfare arrangements for blind, deaf, dumb and crippled persons, etc.

30—Voluntary Organisations for disabled persons' welfare.

(d) Disabled Persons (Employment) Act, 1958—

Section 3—Provision of sheltered employment by local authorities.

(e) Nurseries and Child-Minders Regulation Act, 1948.

Registration and supervision.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births:

Under section 203 of the Public Health Act, 1936, all births have to be notified within 36 hours to the Medical Officer of Health of the Health Authority in whose area the birth takes place. If a delegation scheme is in operation, Section I(1) of the Public Health (Notification of Births) Act, 1965, requires that notifications of births should be sent to the Medical Officer of the delegatee authority instead of the County Medical Officer. Births are usually notified by the attending midwife. Notification is in addition to registration, normally the duty of the father, and for which 42 days are allowed. A Health Authority is thus able to keep up-to-date records of all new births and provide a home visiting service to the mothers.

In 1970 there were 889 notified live births to mothers whose homes were in Worthing, though only 335 of these were actually delivered in the town. The figure of 889 is 25 more than the registered live births, but in any one year it is unusual for these figures to be the same because of the difference in time allowed for recording.

Child Health Centres:

There are six Child Health Centres in the Borough situated as follows:—

- (1) The Central Clinic, Stoke Abbott Road—Monday afternoons.
- (2) Church Hall, New Road, Durrington—First, second, third and fourth Thursday afternoons in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second and fourth Thursday afternoons in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First and third Friday afternoons in each month.

1,351 infants and children made a total of 6,787 attendances at all centres during the year. The number of infants who first attended whilst they were under one year of age was 492, equivalent to 55.3 per cent. of the notified live births.

The table below gives further details of attendances at the 6 child health clinics during the year:—

Clinic	No. of clinics held	No. of children who attended centres	Total No. of attendances made	Average attendance per clinic
Central	48 (49)	401 (419)	2,379 (2,119)	49.6 (44.9)
Durrington ..	47 (47)	367 (361)	2,047 (2,122)	43.5 (45.2)
Goring	23 (23)	179 (166)	685 (644)	29.8 (28.9)
Maybridge ..	12 (17)	128 (154)	332 (475)	27.7 (28.0)
Findon Valley ..	12 (12)	85 (81)	401 (305)	33.4 (29.1)
East Worthing ..	24 (23)	191 (159)	943 (736)	39.3 (32.0)
Totals	166 (171)	1,351 (1,340)	6,787 (6,546)	40.9 (38.3)

(the figures in brackets refer to 1969)

Toddler Clinics:

Clinic attendances usually become less frequent as a baby gets older and grows into a toddler. Not uncommonly all clinic contacts cease by the age of one, and the opportunity for a medical review may not occur until the first school medical examination four or more years later.

Toddler Clinics have helped to bridge this gap. Attendance is by invitation only, with not more than four per hour or eight per session, and invitations go to all mothers with children between the ages of 18 months and two years.

Toddler clinics are held as follows:—

- (1) The Central Clinic, Stoke Abbott Road—First and third Tuesday afternoons in each month.
- (2) Church Hall, New Road, Durrington—First Thursday afternoon in each month.
- (3) St. Mary's Hall, Ilex Way, Goring—Second Thursday afternoon in each month.
- (4) St. Richard's Hall, Collingwood Road, Maybridge—First Thursday afternoon in each month.
- (5) All Saints' Hall, Cissbury Avenue, Findon Valley—Second Wednesday afternoon in each month.
- (6) St. Stephen's Hall, Angola Road, East Worthing—First Friday afternoon in each month.

During the year 68 sessions were held and attendances totalled 169 (2.5 per session). There were 136 attendances in 1969.

In addition 519 toddlers were seen and examined during the year at clinics held by general practitioners, compared with 368 in 1969.

Congenital Abnormalities:

For the past seven years congenital abnormalities apparent at birth have been recorded on the birth notification forms. 12 babies (5 male and 7 female) were so notified in 1970, and between them were noted 13 malformations:—

Bilateral Talipes	1
Talipes	3
Cleft Palate	2
Spina Bifida	1
Extensive capillary haemangiomas	1
Polycystic kidneys	1
Umbilical Hernia	1
Mongolism	1
Pilonidal Sinus	1
Absence of bridge of nose	1
	—
	13
	—

These were included in the risk register (see below).

They will be carefully followed up until such time as their defects have been rectified or adequate provision made for their future education and well being.

Risk Register:

Dr. Lowry Departmental Medical Officer, has recorded the following observations:—

“In comparison with the Risk Register for 1969—when a total of 82 babies shared a total of 98 risk groups—in 1970 only 42 babies were reported to be under special observation from 46 risks—27 of these being prematurity and the presence of a single or multiple physical defect.

In 1969 18 babies required resuscitation from asphyxia after birth—in 1970 only 4. So it would appear that the number of babies requiring extra supervision after birth has dropped by almost 100%. The Health Visitors wish to retain the Risk Register, but feel that greater use should be made of it, and that perhaps every baby entered in the Register should have a full, routine medical examination by a clinic doctor before removing the name from the list, as confirming that the child is entirely normal and healthy.”

Care of Premature Babies:

All babies weighing less than 5½lbs. at birth are by definition premature, though not all need special care. Forty-two premature live births were notified during the year. All were born in hospital and six died within 24 hours of birth. There were in addition 4 premature stillbirths.

4.7 per cent. of all notified births were premature and the association of prematurity with stillbirths, neonatal mortality and mental or physical handicap is well known. Close supervision is therefore kept by the health visitors and clinic medical staff, particularly during the first 6 months of life

Phenylketonuria:

Two cases have now been diagnosed through routine testing by the health visitors. No new cases were discovered during 1970.

Ante-natal Clinics:

Clinic sessions for expectant mothers were discontinued in September. Midwives are now “attached” to groups of general practitioners and assist them with special ante-natal sessions for their own patients in their own surgeries.

Excluding sessions at G.P.’s surgeries attendances during 1970 were as follows:—

No. of clinics held	..	..	39	(52)
New patients seen	..	..	23	(50)
Total No. of attendances	..	..	63	(236)

(The figures in brackets refer to 1969)

In addition the midwives held 680 ante-natal clinics with general practitioners at which there was a total attendance of 5,076 patients.

In association with the ante-natal clinics the physiotherapist holds sessions for relaxation and postural exercises. The numbers attending are increasing:—

New Patients	.. ..	58	(62)
Total Number of attendances	..	164	(153)
(The figures in brackets refer to 1969)			

These sessions form an integral part of the mothercraft programme intended primarily for mothers expecting their first babies (see page 49).

Dental Clinics :

All the facilities of the school dental service (see page 92) are available for expectant and nursing mothers, and for pre-school children.

The Area Dental Officer writes:—

“It is again with regret that I have to report that I am still unable to offer treatment to pre-school children by means of the three-year-old birthday card. With the increase in staff and facilities, it was hoped that a constructive approach to the prevention of dental disease, dental education of parent and child and early diagnosis and treatment would become available to this group. Unfortunately this has not proved to be possible. With the availability of fluoride toothpaste and tablets and early advice and care the younger generation ought to be able to reach adulthood with a better dentition than their predecessors. If and when water fluoridation occurs then the picture could be further improved.

As to be expected with the Local Authority dental services to some extent duplicating the facilities of the General Dental Services with regard to expectant and nursing mothers, the number treated at the Central Clinic remains low.”

The statistics for the treatment of expectant and nursing mothers and pre-school children are as follows:—

- (a) Pre-school children examined—no treatment required .. 107 (110)
- (b) Expectant and nursing mothers 3 (1)
- (c) Attendances for treatment:—

	Expectant and Nursing Mothers	Pre-school Children
Extractions	1 (—)	12 (11)
Fillings	25 (28)	183 (197)
Radiographs	8 (3)	2 (3)
Local Anaesthetics	7 (6)	1 (—)
Teeth made self-cleansing and Silver Nitrate/Eugenol applied	— (—)	— (13)
Dressings	3 (4)	8 (25)
Dentures	— (—)	— (—)

(The figures in brackets refer to 1969)

Other Clinic Facilities:

The special clinics for school children are also available for children not yet old enough for school. They are discussed more fully in the School Health Service section of this report. The figures which follow relate only to pre-school children:—

(a) *Physiotherapy Clinic:*

New patients treated	32	24)
Old patients treated	5	(6)
Total number treated (new and old) ..	37	(30)
Total number of attendances	85	(55)

(b) *Eye Clinic:*

Total number seen (new and old) ..	90	(72)
Total number of attendances	153	(116)

(c) *Orthoptic Clinic:*

Total number seen (new and old) ..	58	(47)
Total number of attendances	180	(129)

(d) *Speech Therapy Clinic:*

Total number seen (new and old) ..	55	(57)
Total number of attendances	162	(148)

(e) *Child Guidance Clinic:*

Number of patients seen	6	(11)
---------------------------------	---	------

(The figures in brackets refer to 1969)

The Child Guidance Clinic is in Southey Road. All the others are held in the main Central Clinic premises in Stoke Abbott Road.

Sale of foods and medicaments at health clinics:

The Welfare foods are National Dried Milk, Orange Juice, Cod-liver oil and Vitamin supplements. The sale of these foods is undertaken by the ladies of the W.R.V.S. who are also responsible for keeping the accounts and making returns to the West Sussex County Council. Changes in the supply of these foods however are foreshadowed for 1971.

Care of the Unmarried Mother and her Child:

There were 58 illegitimate children born to Worthing mothers in 1970. 6.7% of all live births in Worthing were illegitimate in 1970. It was 9.5% the previous year. This year's percentage is the lowest since 1963.

The West Sussex County Council makes grants towards the funds of two Societies responsible for the case work, namely the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Rescue Society. These two Societies obtain vacancies in hostels (mother and baby homes) for expectant mothers. Financial responsibility was accepted in 2 cases during 1970.

Family Planning:

The Family Planning Clinic is held in the Central Clinic on Mondays, Tuesdays and Wednesdays from 6.0 p.m. and on Thursdays and Fridays from 9.30 a.m.

An I.U.D. (intra-uterine device) clinic is held at Worthing Hospital on the 1st, 2nd and 5th Monday evening of each month.

I am obliged to the Clinic Secretary for supplying the following statistics:—

Number of sessions in Central Clinic	..	..	115	(105)
Number of Youth Advisory sessions	..	..	66	(28)
Number of I.U.D. sessions in Worthing Hospital	..		22	(66)
Number of new patients seen (excluding transfers)			767	(640)
Number of new patients attending Youth Advisory Clinic	..	..	198	(134)
Number of transfer patients seen	..	..	152	(113)
Total No. of patients seen (old, new and transfers)			5,816	(5,328)
Total attendances (including visits for supplies only)			6,451	(5,784)

(The figures in brackets refer to 1969)

The methods of contraception chosen by new patients were:—

Oral (the Pill)	..	..	..	489	(381)
Diaphragm	..	..	..	139	(141)
I.U.D.	..	..	..	66	(83)
Other	..	..	..	54	(72)
				<hr/> 748	<hr/> (677)
For consultation only	..	..	..	19	
				<hr/> 767	

289 of the 965 new patients (30.0%) were referred by their own doctors. In 1969 it was 39.1%.

The above figures include 198 (134) patients who attended the Youth Advisory sessions. 114 of the 198 were sent by their own doctors.

The total number of “doctor sessions” in 1970 was 293 (262) at the ordinary sessions and 66 at the Youth Advisory Clinic.

(The figures in brackets refer to 1969)

The Clinic Secretary also reports that in addition to giving contraceptive advice, 862 cervical smears were taken and 46 showed conditions needing minor treatment.

In accordance with the National Health Service (Family Planning) Act, 1967, the Borough Council has continued to provide (through the F.P.A.) free contraceptive advice and supplies for specified categories of patients in which pregnancy would be detrimental to health. These are:—

1. (a) Within 12 months of last confinement;
(b) After birth of fifth child;
2. Where a medical or gynaecological condition existed which would make a further pregnancy dangerous;
3. Where there was a risk that a further pregnancy would impair health for mental, physical or social reasons.

An annual contriution of £4 5s. 0d. each for medical cases and £2 4s. 0d. each for non-medical cases was paid to the Sussex Branch of the F.P.A. during 1970. This totalled £2,330 10s. 0d. and was in respect of 927 patients.

MIDWIFERY

The number and percentage of home confinements shows a slight increase as the following table shows:—

Year	Notified live and stillbirths		
	Total No. of confinements	No. born at home	% born at home
1965	970	164	16·9
1966	923	129	13·8
1967	943	57	5·8
1968	904	20	2·2
1969	877	8	0·9
1970	938	11	1·2

The confinements took place as follows:—

Southlands Hospital	..	..	275 (including 2 stillbirths)
Worthing Hospital	..	..	324 (including 2 stillbirths)
Zachary Merton Maternity Hospital			278 (including 2 stillbirths)
Other hospitals	..	..	6
Patient's own home or private address	..	..	11
Private Nursing Homes	..	..	—
Total			894 (including 6 stillbirths)

Four years ago Worthing Hospital Maternity Unit became a General Practitioner Unit.

	1967	1968	1969	1970
Confinements in Worthing (all patients)	320	440	380	368
Confinements in Worthing Hospital (Worthing mothers only)	290	387	322	324
Confinements in Southlands (Worthing mothers only)	320	267	305	275
Confinements in Zachary Merton (Worthing mothers only)	267	223	239	278

Only 11 babies were born at home in 1970. The Local Authority domiciliary midwives were also responsible however for "short-stay" confinements in Worthing Hospital Maternity Unit. These mothers were in general having normal second or third babies and were discharged home after 48 hours. Excluding ante-natal clinics (page 39) and mothercraft classes (page 49) the work of the domiciliary midwives is summarised in the following statistics:—

Domiciliary confinements	11	(8)
Short-stay confinements in Worthing Hospital Maternity Unit	161	(118)
Ante-natal home visits	1,842	(1,831)
Post-natal nursing visits	1,509	(2,769)

(The figures in brackets refer to 1969)

HEALTH VISITING

Statistics for the year are shown in the table that follows. The figures in brackets refer to 1969:—

Type of case	Number of cases visited		Total number of visits
Children born in 1970 (1969)	919	(907)	3,267 (3,210)
Children born in 1969 (1968)	710	(895)	2,964 (2,369)
Children born in 1965–1968 (1964–1967)	1,235	(1,500)	4,344 (3,066)
Children under the age of 5 years	2,864	(3,302)	10,575 (8,645)
Persons aged 65 or over:			
(a) Total	1,648	(1,844)	} 4,755 (6,208)
(b) at request of G.P. or hospital	999	(1,366)	
Mentally disordered persons:			
(a) Total	60	(34)	} 4,659 (2,900)
(b) at request of G.P. or hospital	37	(29)	
Persons discharged from hospital (other than maternity or mental cases):			
(a) Total	254	(309)	} 4,659 (2,900)
(b) at request of G.P. or hospital	158	(217)	
Tuberculous households visited	12	(19)	} 4,659 (2,900)
Households visited on account of other infectious diseases	16	(17)	
Other cases	817	(545)	

(The figures in brackets refer to 1969)

Total visits made by health visitors during the year numbered 19,989 compared with 17,753 in 1969.

HOME NURSING

Details are given below of the numbers of new patients treated and the visits paid during 1970. (The figures in brackets refer to 1969):—

Total number of new patients treated	..	..	1,630	(2,204)
Number under 5 years	..	..	31	(50)
Number aged 65 or over	..	..	1,307	(1,300)
Total number of visits paid (home nurses)	..	..	95,168	(96,927)
Total number of visits paid (nursing auxiliaries)	..	..	21,794	(20,852)

VACCINATION AND IMMUNISATION

Since 1st January, 1968, the County Council's computerised scheme has been used for recording vaccinations and immunisations in the Borough and the following statistical tables have been supplied by the County Health Department:—

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis :

Type of Injection	Numbers completing primary course			Numbers having reinforcing doses		
	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total
Triple Antigen	136 (43)	692 (210)	828 (253)	— (198)	— (823)	— (1,021)
Diphtheria	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Diphtheria/whooping cough	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Diphtheria/Tetanus	16 (6)	19 (6)	35 (12)	175 (469)	513 (1,135)	688 (1,604)
Tetanus	— (12)	4 (3)	4 (15)	— (8)	14 (19)	14 (27)
Polio-myelitis	159 (58)	722 (229)	881 (287)	192 (571)	545 (1,859)	737 (2,430)
Totals	311 (119)	1,437 (448)	1,748 (567)	367 (1,246)	1,072 (3,836)	1,439 (5,082)

(The figures in brackets refer to 1969)

Smallpox:

Age Group	Number of primary vaccinations			Number of re-vaccinations		
	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total	At L.A. Clinics or Schools	At G.P.'s Surgeries	Total
Under 1 year	— (18)	11 (33)	11 (51)	— (—)	— (—)	— (—)
1 year	94 (80)	463 (402)	557 (482)	— (—)	— (—)	— (—)
2-4 years	11 (10)	61 (126)	72 (136)	103 (2)	194 (15)	297 (17)
5-15 years	5 (5)	21 (38)	26 (41)	288 (266)	931 (1,239)	1,219 (1,505)
Totals	110 (111)	556 (599)	666 (710)	391 (268)	1,125 (1,524)	1,516 (1,522)

(The figures in brackets refer to 1969)

Measles:

Age Group	At L.A. Clinics or Schools	At G.P.s' Surgeries	Totals
Children born in 1970 ...	— (—)	1 (—)	1 (—)
Children born in 1969 ...	61 (—)	324 (—)	385 (—)
Children born in 1968 ...	100 (—)	486 (1)	586 (1)
Children born in 1967 ...	50 (24)	251 (84)	401 (108)
Children born in 1963/1966	32 (43)	162 (67)	194 (110)
Others under 16	3 (57)	11 (76)	14 (133)
Totals	246 (124)	1,235 (228)	1,481 (352)

(The figures in brackets refer to 1969)

Measles vaccination recommenced in April following the withdrawal of the vaccine the previous March. Acceptances have slowly picked up again.

Rubella :

On the recommendation of the Joint Committee on Vaccination and Immunisation arrangements had been completed by the end of the year to offer immunisation against rubella to girls aged 11, 12 and 13.

Influenza:

Members of the Corporation staff were again offered protection against this disease, and during October over 500 were given the single immunising injection.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis and Lung Cancer :

(a) *Mass Radiography:*

The number of persons X-rayed in Worthing by the Chest Radiography Unit in 1970 was as follows:—

General Practitioner Referrals	1,557
Members of the General Public, M.O.H. Referrals, etc. ..	1,316
TOTAL ..	<u>2,873</u>

The Worcester Park Unit took over the Worthing area from the Portsmouth Unit on the 1st April.

The results of the visits are tabled below:—

Disease	Male	Female	Total	Rate per 1,000 X-rayed
Tuberculosis :				
General Practitioner Referrals..	—	—	—	—
M.O.H. and General Public Referrals	1	—	1	0.64
Lung Cancer :				
General Practitioner Referrals ..	19	5	24	18.23
M.O.H. and General Public Referrals	1	—	1	0.76

(b) *B.C.G. Vaccination:*

This scheme includes all the 13-year-old children attending both local authority and independent schools in the Borough. Each child whose parent has consented to the scheme is given a Heaf test, followed by a B.C.G. vaccination if they are negative, or an X-ray at the Mass Radiography Unit if they are positive.

Here are the details of the work done in 1970, with those of 1969 in brackets for comparison:—

Number of children given Heaf test ..	..	864	(789)
Number found to be tuberculin negative ..	..	777	(713)
Number found to be tuberculin positive ..	..	33	(76)
Number vaccinated .. ..	..	761	(687)

All those found positive were X-rayed but no lung abnormalities were found.

Health Education :

I am grateful to Miss Jones, Health Education Organiser, for the following report:—

School Talks:—

Worthing County Secondary School for Girls

During the spring term a course of 12 practical and theoretical sessions was given by a Health Visitor to the pupils who had attended a course in Personal Relationships during the previous term.

In the autumn term two new groups of pupils attended Personal Relationships talks during which films, slides, overhead projector and a tape-recorder were used.

At the request of the mistress in charge of the Science Department, three talks were given to large groups of seniors in October. The subjects were:—

Smoking and Health ..	..	100	attended
Mis-use of Drugs ..	..	280	„
Alcoholism ..	..	120	„

These talks, illustrated by films and slides, followed instruction by teachers on physiology and chemistry.

Davison C. of E. Secondary School for Girls

A Mothercraft Course has been given in weekly sessions by a Health Visitor. The film and overhead projector have been used in her classes on several occasions.

Other health talks have been given at the request of teachers.

Worthing College of Further Education

A Course in Home Economics and Community Care has been in progress and included talks by staff of the Health Department. These were :

The National Health Service, Work of Borough Health Dept., Care of the Elderly at Home, Family Planning, The Pre. School Child, The School Child, Dental Health.

Visits : Zachary Merton Hospital, Worthing Hospital, Shoreham Health Centre.

Films : "Barnet", "To Plan Your Family", "Growing Old", "Don't Let Him Die".

Pre-Nursing Course; Medical Secretaries Course

Films and talks have been given to these two groups as requested.

Many requests for health education come from this College.

The Worthing High School for Girls

In the summer term all third form girls, in a series of small groups, were given talks and shown films and slides on the subjects of smoking and the mis-use of drugs.

The George Pringle School

A Mothercraft Course of 12 sessions was given in the autumn term, full use being made of visual aids including practical baby-care equipment. Suitable films and talks were given to all children on smoking.

Dental Health

In the three terms all new children in Infant Schools were given a dental kit and a short talk on dental hygiene.

At all Junior and Senior Schools, prior to the Dental Officer's inspection, a talk was given and a film shown.

Adult Organisations

A letter to all Worthing Societies, Clubs, Guilds, Institutes, etc., was sent offering talks on health subjects and an up-to-date list of these was attached.

A large number of requests were received, and illustrated talks were given.

Preparation for Retirement Course. October to December, 1970

This was planned and carried out by the Worthing and District Council of Social Service and the Borough Health Department and was attended by over 60 people.

Health subjects were : Nutrition after Retirement, Benefits and Hazards of Retirement, Health in Later Years.

New Equipment. (In addition to posters, pamphlets, books)

Filmstrips, a metal chart-holder for posters to be viewed, an overhead projector and a tape-recorder have been purchased.

Medical Recording Service Foundation

Full use has been made of the catalogue of tapes and slides on numerous health and medical subjects, to ensure that the Health Visitors are able to attend if and when possible, once weekly, for helpful and interesting sessions.

The purchase of a Phillip's tape-recorder has provided a great improvement in the quality of the talks on tapes.

Mothercraft Classes for Expectant Mothers

Held weekly in the Maternity Unit, Worthing Hospital, these continue to be attended by an average of seven.

The film "Barnet" on ante-natal and post-natal care is shown monthly.

The work of the Medical Social Worker:

Miss E. Y. Jones has submitted the following report:—

Total number of Cases in 1970 :

(a) Re-registered	..	..	..	..	..	86
(b) New cases	..	..	..	..	..	289
(c) Re-opened	..	..	..	..	..	56
						<hr/> 431 <hr/>

Reasons for Referral:

1. Social and Personal Problems

(a) Follow up after discharge from hospital	..	44
(b) Advice, support and practical help	.. ..	134
(c) Social assessment	.. ..	4
(d) Rehabilitation and employment	.. ..	2

2. Residential Care and Accommodation

(a) Temporary	.. ..	30
(b) Permanent	78
(c) Terminal	75
(d) Housing	5

3. Recuperative Holidays and Convalescence 59

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Sources of referral:

General Practitioners	54
General Practitioners/Health Visitors			43
Health Visitors	..	..	..	..	81
Consultants and M.O.H.	..	..	..	..	4
Medical Social Workers	..	..	..	..	44
Borough Nursing Staff	..	..	..	..	4
Statutory Agencies	..	..	..	..	16
Voluntary Agencies	..	..	..	..	15
Personal Application	..	..	..	..	60
Miscellaneous	..	..	..	..	24
					<hr/> 345
				Re-registered	86
					<hr/> 431

Age Analysis of Referrals:

0—20 years	..	..	..	..	..	2
20—40	„	..	..	..	..	8
40—60	„	..	..	..	..	36
60—80	„	..	..	..	..	208
Over 80	„	..	..	..	..	177
						<hr/> 431

Cases requiring intensive casework 18

This will be the final report on the work of the Medical Social Worker as in April, 1971, this service was transferred to the newly constituted Social Services Department.

During 1970 fewer new cases were helped by the Medical Social Worker, although there was an increase in the number of cases continuing from previous years and of those previously known to the Medical Social Worker who sought further help.

The number of recuperative holidays and periods of convalescence slightly decreased during the year and of the total set aside for this purpose £664 was used compared with £625 during 1969. A further 13 had been 26 were subsidised through the Borough scheme. A further 13 had been requested but were abandoned for various reasons, e.g. re-admittance of patient to hospital or death of patient. A further 20 recuperative holidays were arranged outside the Borough scheme with help from charitable sources, thus saving the Borough funds for those people who could not be helped from any other source.

A large number of patients were referred for help in planning their future, and in the majority of cases this was of a permanent nature. The people helped in this way covered a cross-section of the community. Advice

was given to those who sought care in private residential accommodation as well as to those who required admission to welfare or voluntary homes, such as those run by the Council of Social Service or Abbeyfield Society. The problem of adjusting to a change of environment and relinquishing a much-loved home increases with age and is always a difficult one; in all cases the Medical Social Worker needs to give a considerable amount of casework help and support as well as practical advice. In every case she endeavours to help the individual reach a decision for themselves about their future.

Where patients remain in their own homes the Medical Social Worker's aim is to co-operate with both statutory and voluntary workers to give as much support and help as possible. The increased number of friendship and luncheon clubs, as well as other schemes for preventing isolation and reducing loneliness provide an invaluable means of support to many elderly and inadequate persons.

A proportion of the Medical Social Worker's time was also devoted to patients who, because of personality difficulties and the complicated nature of their problems, required casework help and advice frequently and regularly over long periods.

A considerable number of patients, 75 in all, were suffering from various forms of cancer. Some of these needed supportive help on a fairly long-term basis. The difficulty of obtaining beds in hospital for terminally ill patients has continued and 26 terminally ill patients were placed in private nursing homes, some being financed by the N.S.C.R. and other charitable funds.

The total amount given by the National Society for Cancer Relief during the year was £1,850. Not all this amount was used in supporting patients in nursing homes but some was given to patients to help meet the cost of extra nourishment, fuel, excessive laundry, etc.

The Marie Curie Memorial Foundation helped in similar ways and £1,253 was administered from this fund. In view of the amount of financial help obtained from the Marie Curie Foundation, it was regrettable that the Foundation found it necessary to make a national decision to discontinue payments towards private nursing home fees for a period of one year on the grounds that there was an increase in the requests for help towards these fees. It was felt that this was mainly due to the shortage of beds in local hospitals, and whilst the Foundation is always ready to help patients with cancer and has continued to give practical help to those nursed at home, it did not feel it could undertake to assume the normal responsibilities of the National Health Service by subsidising patients in private nursing homes. The Marie Curie Memorial Foundation will be reviewing the situation in May 1971.

Other charitable help amounting to £514 was obtained during the year from a variety of sources, e.g. Professional Classes Aid Council, Friends of the Poor and Gentlefolk's Help, Guild of Aid for Gentlepeople, as well as trade and professional benevolent organisations for many different reasons. In some cases of acute and chronic illness, e.g. stroke/heart cases, where a hospital bed was not available immediately and the patient was too ill to remain at home without help, financial help from these sources was used to support them in private rest and nursing homes. In addition, small regular allowances were made, for example, to supplement those on a fixed income, many of whom have been used to a higher standard of living previously, in order to try and alleviate their reduced circumstances.

Chiropody:

The following table summarises the work done during the past five years:—

Year	No. of clinic sessions	No. of new patients	No. of patients on files	Total No. of treatments (old and new patients)	No. of free treatments	% of free treatments
1966	476	339	939	3,655	1,185	34
1967	644	350	1171	4,756	1,503	32
1968	905	275	1330	7,055	2,290	32
1969	1,264	562	1719	8,964	2,835	33
1970	1,350	474	2004	9,905	3,210	32

The table below gives additional details of the work done during 1970:—

	Children	Adults	Total
No. of new patients treated	53	421	474
No of patients on files	65	1,939*	2,004
No. of treatments given (old and new patients)	167	9,738	9,905
No. of free treatments given	167	3,043	3,210
No. of appointments not kept†	40	1,083	1,123
No. of patients fitted with appliances ...	74	103	177
No. of individual appliances made ...	148	178	326

* The figure 1,939 includes 21 handicapped persons under the age of 65. The rest are old age pensioners.

† Rather fewer than one appointment in ten is not kept.

I am obliged to Mr. E. Jones, Chief Chiropodist, for the following report:—

“With a settled staff of 3 full-time chiropodists and 1 clerical assistant there was a steady increase in the chiropody service to elderly and physically handicapped patients, although shortage of space made working conditions far from ideal. However, in addition to the normal chiropodial treatments enumerated above, some 326 individual appliances were made and fitted to 177 patients. These include 74 school children referred to this section by the School Medical Officer. These appliances have proved beneficial to almost all the patients for whom they were designed, and it is hoped that equipment will soon become available to increase the efficiency and versatility of this sphere of the work, which is becoming an important part of the chiropody profession.

From April 1st the fee charged per treatment was increased from 4/- to 5/- which produced during the year an income of nearly £1,600. Patients in receipt of a Supplementary Allowance, and all children, continued to be treated free of charge, and the policy of making no charge for any special appliances supplied to patients was also continued.

The end of 1970, with its inevitable waiting list of new applicants for treatment, left us confidently expecting the arrival of a fourth full-time chiropodist early in the New Year, and the imminence of structural alterations that should greatly improve both the working conditions and the service to the patients.”

HOME HELP SERVICE

Details of the help given in the past five years are shown below:—

Category	No. of persons helped				
	1966	1967	1968	1969	1970
Aged 65 years and over	1,062	1,052	1,153	1,221	1,318
Chronic sick and tuberculous } Aged under 65	68	60	69	59	62
Mentally disordered	3	5	6	9	12
Maternity	29	16	18	21	11
Others	97	105	80	65	96
Totals	1,259	1,238	1,326	1,375	1,499

The actual number of hours of help given in 1970 was 123,216, and 937 households on average were receiving help from the home help service each week.

I am grateful to Mrs. J. A. Kenton, Home Help Organiser, for the following report:—

“During 1970 the Laundry Service increased from 8-12 hours per week to a full 40 hours, and a Home Help is now fully employed with collection, washing and delivery. During the odd slack period we have taken personal washing for householders who were on social security and living in bed-sitters with no washing and drying facilities.

In February we had a three day training period for a selected 14 new home helps, with 2 lectures to include the full complement of 130 Home Helps.

Miss Lockyer, a Trainee Organiser, was appointed in June, 1970.

The Home Helps had a substantial wage increase in November together with bicycle and car allowances. This substantially helped recruitment.

It was noticed over the year that we had had more requests for help from hospitals with cases wishing to return to their own homes.

November saw the start of preparations for the new Social Services Department with the Borough Organiser and her assistants attending meetings with the Director of Social Services and his Deputy.”

MENTAL HEALTH

Mentally subnormal patients :

New referrals of subnormal patients numbered 14, one more than in 1969. The sources of the referrals were:—

Source of Referral	Males	Females	Children	Total
General Practitioners, Consultants and Hospitals	—	1	—	1 (3)
Local Education Authority	—	—	7	7 (3)
Relatives	—	—	—	— (3)
Other Health Authorities	—	1	—	1 (3)
Other Sources	1	4	—	5 (1)
Totals	1	6	7	14 (13)

(The figures in brackets refer to 1969)

The 14 new referrals during the year were dealt with as follows:—

Disposal	Males	Females	Children	Totals
Admitted to Psychiatric Hospitals ...	1	2	1	4
Placed in Residential Homes ...	—	—	1	1
Placed in Training Centre Hostels ...	—	—	—	—
Placed under informal community care	—	4	5	9
Totals	1	6	7	14

Of the nine placed under informal community care, 3 are attending Training Centres on a daily basis, and one is awaiting Hospital admission.

There were 255 patients on the register at the end of the year—6 more than in 1969. The table which follows shows their disposition:—

Form of Care	Males	Females	Children	Total
Psychiatric Hospitals	42	39	5	86
Residential Homes	2	9	2	13
Boarded out in Private Homes ...	2	3	1	6
Durrington Hostel	—	—	5	5
Rustington Hostel	4	—	—	4
Informal Community Care ...	41	65	35	141
Totals	91	116	48	255

Of the total of 141 under informal community care, 56 attended Training Centres on a daily basis (10 males, 20 females and 26 children); 2 males and 2 children were awaiting admission for permanent Hospital care; 3 children were attending Special Schools; one was awaiting admission to the Junior Training Centre and one was receiving home tuition.

Training Centres :

The following table shows the number of Worthing pupils attending Adult and Junior Training Centres. In addition, eight pupils are attending centres maintained by other authorities or voluntary bodies:—

Centre	Males		Females		Total
	Under 16	Over 16	Under 16	Over 16	
Durrington	19	—	12	—	31
Rustington	—	4	—	—	4
Worthing	—	11	—	20	31
Totals	19	15	12	20	66

Short-term Care :

During the year 23 separate periods of short-term care were arranged, 13 for adults and 10 for children. Four of these periods were for care during the Hospital admission and convalescence of mothers after operations, and the remainder to give parents the opportunity to take a short break. Seven periods were arranged for adult males at Rustington Hostel, four for adult females in St. Mary's Convent, Portslade. The children were, in the main, accommodated in Durrington Hostel, with the exception of two of the periods when arrangements were made with the Forest Hospital.

Mentally ill patients :

During 1970 there were 246 admissions to Hospitals, 56 more than in the previous year. Of these admisions, 139 were on an informal basis, and the remainder were by various statutory procedures as required by the Mental Health Act, 1959. Of these 246 admissions, 239 were to Graylingwell Hospital and 7 were to other Hospitals. The details are as follows:—

Mental Health Act, 1959	Graylingwell	Others	Total
Section 5—(Informal) ...	135	4	139 (94)
Section 25—(Observation 28 days)	51	—	51 (28)
Section 26—(Treatment)	12	—	12 (8)
Section 29—(Observations in emergency—3 days)	41	1	42 (58)
Section 60—(Court Order)	—	2	2 (2)
Totals	239	7	246 (190)

(The figures in brackets refer to 1969)

SERVICES FOR HANDICAPPED PERSONS

The number of persons on the register was 985 at the end of the year, an increase of 12 in 12 months.

The following tables analyse the various disabilities according to their age group and effect on working ability:—

Major handicaps	Age under 16 (1)	Age 16-29 (2)	Age 30-49 (3)	Age 50-64 (4)	Age 65 or over (5)	Total (6)
1. Amputation	—	1	1	5	36	43
2. Arthritis or rheumatism	—	—	7	35	443	485
3. Congenital malformations or deformities	10	5	6	5	1	27
4. Diseases of the digestive and genito-urinary systems, of the heart or circulatory system, of the respiratory system (other than tuberculosis) or of the skin	—	1	2	6	23	32
5. Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	—	4	8	21	56	89
6. Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	1	4	37	73	148	263
7. Neuroses, psychoses, and other nervous and mental disorders not included in line 6	—	1	1	—	1	3
8. Tuberculosis (respiratory)	—	—	—	2	—	2
9. Tuberculosis (non-respiratory)	—	—	1	1	1	3
10. Diseases and injuries not specified above	—	—	5	6	27	38
Totals	11	16	68	154	736	985

Working ability					Total
Capable under ordinary conditions	In sheltered work-shops	At home only	Incapable or not available	Children under 16	
A	B	C	D	E	
31	21	12	910	11	985

It will be seen that by far the largest group are those deemed incapable or not available for work (910 out of 985). Most of these have in fact passed the age of retirement. Arthritis and rheumatism are the commonest disabilities.

Statistically the work of the Handicapped Services Officers can be summarised as follows, with that of the preceding year for comparison in brackets:—

Visits made	3,025	(3,249)
New patients added to register	127	(144)
Aids loaned to patients	553	(592)
Adaptations made to homes	56	(44)
Garage drives constructed	2	(2)
Holidays arranged	16	(19)

Aids and adaptations:

These include the provision of handrails, ramps for wheel-chairs, sliding doors, etc.

As in previous years gifts of equipment from individuals and financial assistance from various voluntary bodies have been made to the department, for which grateful acknowledgement is made.

Department of Health and Social Security Chairs :

A considerable amount of work is done every year in connection with wheelchairs. Following the doctor's request, advice is given regarding the most suitable type of chair for the patient and for use in his own home, e.g. door and passage widths, etc.

The Department of Health and Social Security are now changing the design of their Model 8 wheelchairs and have during the past year given 20 chairs to this department. These have been in extremely good condition and are very useful.

Holidays:

Handicapped persons are eligible for the holiday scheme in certain cases. Holidays are usually for 2 weeks only. In 1970 16 holidays were arranged and enabled relief from responsibility to be given to the relatives.

Day Centres and Clubs:

- (a) *West Sussex Association for the Care of the Disabled..* Thirty-three persons attend the centre in Field Place. Twenty attend for the full day, 13 for the afternoon only.
- (b) *British Red Cross Society Disabled Club.* This is held twice monthly at the Congregational Hall, Shelley Road. There is a varied programme of lectures, film shows, musical afternoons, etc. The membership is 57. This club is run entirely by the Red Cross who provide the hall, the transport and the workers.
- (c) *Worthing, Littlehampton and District Spastics Society.* The Day Centre at Rectory Road opens daily, but only 10 patients are able to attend at one time. Industrial work and some craft work is carried out, and for this the patients receive 12/6 pocket money per week, plus their hot lunch.

Housing for the Disabled:

In 1970 no more specially adapted dwellings were made available to the disabled. The most urgent need now is not for specially adapted dwellings but ground-floor flatlets, either with a garage or sufficient room to erect a Ministry shed to accommodate their vehicles.

Toilets for the Disabled :

During 1970 three toilets for the disabled were completed. These were situated at Sea Lane Cafe, conveniences opposite The Dome and the con-

veniences in Marine Gardens. They have been fitted with wide sliding doors, large wooden seats at a slightly higher level than usual, bells which connect with the attendant when one is on duty, surgeon taps to hand basins, and side arms fitted to the walls which can be folded back if necessary when sliding from a wheelchair to the toilet seat.

Car Badges for Disabled Drivers:

Car badges continued to be issued to assist severely disabled drivers with parking.

The badges confer no legal rights but are issued for the purpose of identification so that the police can assist the disabled in parking and exercise discretion in their favour whenever possible.

At the beginning of the year the car badge register contained the names of 163 Worthing residents and at the end of the year this number had increased to 192. 47 applications were received and approved during the year.

NURSERIES, PLAYGROUPS AND CHILD MINDERS

During the year approval was given for the registration of six additional child minders and the position at the end of the year was as follows:—

	<i>Numbers registered</i>	<i>Number of children provided for</i>
(a) Premises	23 (17)	742 (577)
(b) Daily minders ..	15 (13)	102 (185)

(The figures in brackets refer to 1969)

530 visits of inspection were made during the year.

PRIVATE NURSING HOMES

Under Section 187 of the Public Health Act, 1936, nursing homes have to be registered with the County Council. The powers of registration, inspection, etc. have not been delegated to the Borough Council though 32 of the 62 registered nursing homes in West Sussex are in Worthing.

On 31st December, 1970, the 32 homes provided a total of 615 beds and catered for medical, surgical, convalescent and maternity cases.

PRIVATE HOMES FOR THE ELDERLY OR DISABLED

These homes have to be registered with the County Council under Section 37 of the National Assistance Act, 1948. As with nursing homes the powers of registration and inspection, etc. have not been delegated to the Borough Council. On 31st December, 1970, there were 56 such homes in Worthing out of a total of 137 in the County as a whole.

Most of the 922 beds available are occupied by the aged and infirm who need looking after but no actual nursing care. Three homes cater for the blind only and provide a total of 115 beds. Three homes are registered for aged, infirm and disabled (64 beds).

DAY CENTRE FOR THE ELDERLY

This Centre continues to fulfil a need. A full-time hostess is present every day, and with the help of two part-time canteen assistants she arranges for hot snacks, coffee, biscuits, etc., to be on sale at the canteen. There are no entrance fees payable and all can enjoy the recreational facilities in the building free of charge. The senior citizens also arrange their own activities, e.g. a "bring and buy" and general sales, concerts, visits to places of interest, etc., and details of these are displayed on the notice board from time to time.

The number of main meals provided during the year totalled 5,840.

NATIONAL ASSISTANCE ACT, 1948 AND NATIONAL ASSISTANCE (Amendment) ACT, 1951

Section 47. Removal to suitable premises of persons in need of care and attention.

No legal proceedings were necessary during the year.

Section 50. Burial of the Dead.

The statutory duty to arrange burial or cremation of the dead where "no suitable arrangements" are being made, rests with the district council. This invariably means that the deceased had no assets to cover disposal and had made no provision in life for this eventuality. Sometimes it may mean that the estate may be adequate but no executor had been appointed, or that there was no next of kin or other person willing to take over the arrangements.

It is necessary that some public provision is made in these instances but it sometimes has to be made clear to deceased's relatives or friends that the council does not act here in any benevolent or charitable capacity and careful enquiries have to be made to ensure that the conditions of the Act requiring council intervention are satisfied. The council can claim from any estate for expenses incurred and can obtain any death grant normally payable, provided the deceased was eligible in the circumstances.

The burials of 6 males and 7 females were carried out in common graves at Durrington Cemetery. The expenses were fully recovered from the estates of only one male and one female and partially recovered from those of 9 others. In two instances there were no assets and no death grant was payable. Two males were non-residents and were victims of road accidents which occurred outside the borough but who died on the way to Worthing hospital and so were not admitted. Now that the Casualty Department of Southlands Hospital is closed in the evenings, it is possible that the Council's responsibilities under the Act will be increased.

STAFF MEDICAL EXAMINATIONS

Medical examinations are undertaken by staff of the Department in connection with teaching appointments and admissions of student teachers to training colleges.

Blood samples are taken for Widal tests on all new employees working in the water department. The following table summarises the work done during the year:—

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Borough Water Engineer (Widal tests)	86 (33)	— (—)	86 (33)
Education (Teachers)	3 (1)	3 (3)	6 (4)
Entrants to Training Colleges ..	16 (20)	51 (53)	67 (73)
TOTAL ..	105 (54)	54 (56)	159 (110)

(The figures in brackets refer to 1969)

Three medical examinations were carried out at the request of other Local Authorities in 1970.

Prospective employees of the Borough Council no longer receive a medical examination routinely on appointment but instead complete a detailed statement outlining their past and present health, and this is scrutinised by one of the medical staff. In the event of any unsatisfactory medical history, an examination is carried out or further information is obtained (with the candidate's permission) from his or her own doctor.

The following is a summary of the work done during 1970:—

Health Statements Completed

<i>Department</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Town Clerk	6	4	10
Borough Engineer	22	6	28
Borough Architect	7	2	9
Medical Officer of Health ..	3	16	19
Borough Treasurer	6	10	16
Borough Librarian	—	15	15
Borough Water Engineer ..	7	1	8
Director of Entertainment and Publicity	3	2	5
Borough Education Officer ..	—	1	1
Housing Manager	3	1	4
Justices Clerk's	2	—	2
Weights and Measures	1	1	2
Borough Valuer	2	—	2
Total ..	62 (52)	59 (44)	121 (96)

(The figures in brackets refer to 1969)

Part III.

ENVIRONMENTAL HEALTH SERVICES

(Report of the Chief Public Health Inspector)

INTRODUCTION

General interest in environmental matters continued to grow nationally and internationally during 1970. Housing, clean air, noise abatement and food purity and freshness all found prominence in the press or on radio and television during the year. It is encouraging to see attention focussed on to these matters which are so closely bound with conservation and measures against pollution.

Unfortunately the private citizen still regards his own behaviour as remote from a policy he supports nationally. He endorses clean air but allows smoke from his bonfire or domestic grate to pollute his neighbour. He abhors the practice of governments dumping large quantities of waste in the sea but thinks nothing of depositing his own garden refuse on vacant land, or throwing an empty cigarette carton on to the road. He joins in the clamour against development of airports but ignores his own noisy radio, barking dog or the imperfect silencing of his own motor vehicle. The prevention of pollution, like charity, should begin at home.

1970 will be remembered also as a period of increasing obscurity for the future pattern of local government in view of proposed re-organisation. Until this is resolved there will be doubts about the career prospects in the service.

Despite this gloom, it is pleasing to record that one of the trainee public health inspectors—David Beer, a former Worthing High School boy—not only obtained his qualifying diploma but so excelled in the examinations and during his training generally, that he was presented with a silver medal of the Ronald Williams Award. Three awards are given annually by the Municipal Journal Group to the three most outstanding students in the country. Reflected glory was enjoyed by all who contributed to his training, particularly the district public health inspectors on whom the brunt of practical instruction to students must fall.

Visits made by the staff totalled 10,890 and details of these follow.

GENERAL INSPECTIONS

General inspections included the following:—

Houses	..	..	..	..	..	..	1,352	(561)
Factories	..	..	..	..	..	..	290	(359)
Food Premises	..	..	..	..	..	..	2,624	(2,076)
Drainage	..	..	..	..	..	..	802	(721)
Air Pollution Measurements	..	..	..	..	..	..	185	(306)
Smoke Observations	..	..	..	..	..	..	115	(86)
Offices and Shops Act	..	..	..	..	..	..	1,442	(1,490)
Pest Destruction	..	..	..	..	..	..	344	(297)
Noise Abatement Act	..	..	..	..	..	..	190	(114)
Various Premises	..	..	..	..	..	..	3,546	(6,010)

783 (956) notices were served and 641 (826) notices complied with.

(The figures in brackets refer to 1969)

HOUSING

National policy of improvements to older houses encouraged local landlords as well as owner occupiers to apply for grant aid on an increasing scale. Higher rents in return for the provision of modern amenities gave landlords encouragement and hopes of a better return for investment even though the chances of realising on an asset, because of a tenant's security of tenure, remained dim.

No tenant has been known to quibble about the increase of rent following improvement, having especial regard to that paid for furnished accommodation which is still very much in demand in the town.

Though there are now no areas justifying clearance, there are still substandard individual houses which, through neglect—perhaps as a result of the depressed controlled rent—are so unfit and economically irreparable that formal closure is the only solution. When the tenant has been rehoused, invariably the necessary renovation and improvement can be expected to follow and the closing order can be determined. This procedure is undoubtedly financially advantageous to the owner but is inevitable to achieve an acceptable standard of housing.

Five houses were closed during the year, all of which will eventually be improved. In addition, 3 basements were also closed, 2 of which were extremely damp and had become liable to flooding during heavy rainfall.

Three houses previously closed were made fit after the tenants had been rehoused and the closing orders were determined. A good maintenance payment of £100 was made to the tenant of a house on which a demolition order had been made, in accordance with the provisions of the Housing Act 1957. In this instance, the tenant managed to scrape together enough capital to purchase a house elsewhere and obviate the need for a Council house.

Five years have now elapsed since the first Improvement Area was declared under the Housing Act 1964. The 6 houses remaining unimproved out of the original 28 were all occupied by elderly or infirm tenants who did not welcome modern amenities.

Multi-occupation continued to spread, but without detailed surveys it is impossible to be certain of its full extent now. The pressure for small unit accommodation for 1 or 2 persons, to rent, continues unabated. The town offers cold comfort to elderly folk on low incomes, who, attracted by the advantages of living by the sea, arrive without sufficient capital to purchase their own home.

Housing Inspections

Houses in multiple occupation	..	..	..	69	(131)
Total number of dwelling-houses inspected (Public Health Act or Housing Act)	..	..	..	1,352	(430)
No. of houses repaired after informal notice	..	..	..	132	(157)
Statutory Notices served:					
(a) Public Health Act, 1936 and 1961	..	..	..	13	(10)
(b) Housing Act, 1957 and 1961	..	..	..	2	(—)

Defects remedied by:					
(a) Owner	..	..	..	..	6 (8)
(b) Corporation in default	..	..	..	..	2 (—)
Closing Orders made:					
Houses	..	..	..	..	9 (1)
Closing Orders determined:					
Houses and Underground rooms	..	..	..	..	3 (4)
Compulsory Improvements—existing areas:					
Immediate Improvement notices served	..	..	..	..	— (1)
Suspended Improvement notices served	..	..	..	..	— (—)
Undertaking accepted	..	..	..	..	— (—)
Deferred (tenants purchasing or being improved)	..	..	..	..	— (4)
Works completed	..	..	..	..	12 (24)
Compulsory Improvements—not in areas:					
Tenants' representation	..	..	..	..	4 (—)
Immediate Improvement Notices served	..	..	..	..	2 (1)
Undertaking accepted	..	..	..	..	1 (2)
Works completed	..	..	..	..	4 (6)

(The figures in brackets refer to 1969)

RENT CONTROL

The Housing Act 1969 with its provision for the progressive decontrol of rents following housing improvement, resulted in 41 applications from owners for qualification certificates.

These were granted in all cases, but in some instances this was conditional on additional structural work or redecoration.

Three applications were made by owners who were clearly unaware that their houses were already decontrolled.

Satisfactory co-operation exists between the department and the Rent Officer on these issues.

CARAVANS AND CAMPING

Though there are no established provisions for this form of dwelling, its popularity is increasing as a form of recreation.

The only activities of any dimension were carried out under the control of the National Caravan or Camping Club—organisations whose members are exempt from the normal planning and public health requirements for caravans and camping.

It is anomalous that no formal notification need be made by either of these Clubs of their intention to hold rallies though it is usually courteously given. One caravan rally was held during a weekend in June at Worthing Football Ground, Woodside Road, without notice, and complaints from local residents were received about noise and inadequate toilet and refuse disposal facilities.

Caravan rallies were held at the only certificated site for permanent use, at Cote Street. The site is provided with mains water but lacks drainage facilities. Pail closet and other waste sewage has to be disposed of down the main drain in the farm yard at the bottom of the street, $\frac{1}{4}$ mile away—an inconvenience which must seriously detract from the otherwise enjoyable rural amenities.

The Rugby Football Ground, Castle Road, was again used for camping during August. After initial complaints that tents were sited too near adjoining bungalows were remedied, the period passed off without incident.

This ground was also used by a circus for a week in July. The co-operation of the proprietor was obtained at the outset by siting noisy vehicles and equipment away from nearby houses. Complaints were received, however, about noisy circus animals and refuse. The siting of this activity so close to residential property presents problems even for short periods, but at present is outside planning control.

CLEAN AIR

Considerable progress in improving the atmosphere has been made in many parts of the country since the Clean Air Act 1956 introduced power to control domestic as well as industrial pollution. The benefits of this policy have been so pronounced that towns in “black areas”—so designated by Ministerial circular because they produced the worst pollution—are becoming comparable in atmospheric quality to other areas.

The effect of this is noticeable in Worthing to which many people from these areas retire to live. Frequently surprised comments are received that the smoke producing coal is still permitted in a “health resort like Worthing”. One new resident recently wrote—“I am amazed and disgusted to find an enormous quantity of smoke polluting the atmosphere through the combustion of coal”.

There is no doubt that the effect of domestic smoke would be much more apparent if Worthing were not situated on the coast where natural ventilation is so salutary. The Council considered the situation regarding domestic smoke control some years ago and so great was the sentiment then against the need for such a policy, that it would seem pointless in introducing the subject again for some time.

Much more clamorous, however, were the complaints about nuisance from domestic bonfires. A regular comment is made on this subject in these reports but it is worth saying again that if it were possible to introduce byelaws regulating the lighting of bonfires, this at least would receive universal support. The Council’s leaflet produced in 1969 setting forth the rather ineffectual legal control and suggesting alternative ways of refuse disposal, was regularly distributed during the summer to complainants and to those causing the complaints.

Three applications for approval of large industrial fuel installations were considered under the provisions of the Clean Air Act 1968. A minimum chimney height was calculated in accordance with Ministry Memoranda to ensure safe fume dispersal. Adequate co-operation with Building Inspectors ensures nuisance free flue terminals for appliances not coming within the Act but which require Building Regulations compliance.

Average Quarterly Daily Smoke and SO₂ Readings at Worthing Sites, 1970

Site	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂	Smoke	SO ₂
Health Dept.	47(52)	140(130)	15(14)	63(74)	9(9)	44(56)	36(39)	50(53)

(The figures in brackets refer to 1969)

All figures are in micrograms per cu. metre.

FOOD SAMPLING

It remains an important duty of local authorities who are large enough to be “food and drugs authorities”, to ensure that food manufactured or sold in their districts, is wholesome and complies with prescribed standards.

No one subject in environmental health is so encompassed with legislative control as food, its quality and permitted additives. It is no longer possible for the ordinary consumer to identify food constituents by ordinary appearance, taste or smell and he must rely on more sophisticated examination. This is particularly necessary now that protein substitutes are becoming available which, when added to a small quantity of the basic food, can assume the texture and characteristic of that food during processing, and defy physical and sometimes chemical detection. This is another reason that claims and advertisements require critical scrutiny.

The expression—“things are not always what they seem” is never truer than when applied now to certain foods.

The following tables show food sampled during the year with details of the unsatisfactory results:—

Food sampled in 1970 :

			Number of Samples	Genuine	Not Genuine
Cream and Milk Products	..	..	24	23	1
Cheese and Cheese Products	..	..	7	5	2
Fruit and Vegetables	..	..	3	3	—
Spirits, Wines and Beer	..	..	8	8	—
Butter and Margarine	..	..	2	2	—
Medicine and Drugs	..	..	74	66	8
Cakes and Sugar Confectionery	..	..	7	2	5
Cordials and Health Drinks	..	..	5	5	—
Miscellaneous Spiced Foods	..	..	9	9	—
Sausages	..	..	10	6	4
Meat and Chicken Products	..	..	49	37	12
Miscellaneous	..	..	11	11	—
TOTAL			209	117	32

Irregularities reported in samples :

Milk, pasteurised, homogenised	1	Contained 3% added water
Cheese	1	Incorrectly labelled
Cheese crackers ..	1	Contained insufficient cheese
Medicines and drugs ..	3	Misdescribed in Analyst's opinion
	3	Ingredients deficient
	1	Foreign matter in prescribed medicine (consumer complaint)
Health food	1	Misleading claim
Jam, low sugar	1	Incorrectly labelled
Wine gums	1	Contained foreign matter (consumer complaint)
Walnut pieces	2	Contained rodent droppings (1—consumer complaint)
Rum baba	1	Misdescribed
Sausages	2	Preservative not disclosed
	1	Deficient in meat
	1	Excessive preservative
Meat pies and meat products	9	Insufficient meat content
	1	Misdescribed in Analyst's opinion
Minced pork	2	Contained foreign matter (1—consumer complaint)

None of the irregularities (15% of samples taken) was the subject of prosecution by the Council. The consumer complaint discoveries were undoubtedly of sufficient severity to justify this but there were circumstances in each case which the Committee discussed in detail which influenced their decision not to prosecute. The result of the irregularities, were either marginal or not likely subjects for a satisfactory prosecution, perhaps for technical reasons.

For example, added water found in a routine purchase of milk as sold to the public, was disturbing to say the least. The sample was informal however, the dairy was outside the borough and it was thought appropriate to refer the matter to the food and drugs authority for that district. Certain foods, misdescribed in the opinion of the Public Analyst, were not felt to be serious enough to justify more than informal approach to the manufacturers. In other instances, representations to manufacturers or retailers produced the desired improvements.

FOOD COMPLAINTS

At one time these formed a minor part of general food supervision. Now the number of them, their complexity and the time consumed in their investigation, have made this a comparatively large duty of the department. Complaints about food have doubled in 3 years and reached 96 in 1970.

Is this due to a rapid deterioration in food handling standards or—to a more discriminating public? Perhaps a greater percentage of incidents is now officially reported. A firm but courteous complaint to someone in authority at the shop or restaurant should produce immediate concern, apology and redress. If it does not, the complainant has every justification in taking the matter further—or doing so in any event if a similar incident has occurred before.

There is, sad to say, increasing evidence of slackness by some food manufacturers and retailers.

All complaints are thoroughly investigated and considered in an attempt to apportion the negligence. Prosecution is not always the answer to these food offences but must be adopted when previous warnings have been issued or when the degree of negligence appears inexcusable. Fines themselves cause little concern to large food companies but there is no doubt that the adverse publicity is unwelcome and has some salutary effect.

Particulars of the food complaints were:—

Unfit Food

(Deterioration or mould)

Fruit and fruit products	3	(3)
Sugar and sweets	3	(2)
Milk and milk products	1	(4)
Bread and bread confectionery	13	(20)
Fish	3	(2)
Meat and meat products	18	(8)

In addition there were complaints that blancmange powder, pork luncheon meat and infant food were sold after the expiry date on the containers. These were not, in fact, unfit to eat but were replaced.

Foreign Matter Found

Milk and milk products: dirt (3), glass (1), cheese (1), insect (1).

Bread, cakes and puddings: insects (4), stones (2), rodent excreta, hair, old dough, excessive wheat fibre, tobacco, nail, bristle, maggots.

Fruit and jam: naringin crystals (2), insect, glass, nail.

Fish: rodent droppings, plastic particle, insect.

Cereals: flour moth, wire.

Tea: beetle and a piece of wood.

Sugar: lubricating oil.

Meat and meat products: hairs (3), maggots (2), metal, tobacco, abscess, trimmings.

Soup and beans: stones (2).

Walnut pieces: rodent droppings.

Restaurant meal: piece of a broken plate.

Complaints not substantiated

Escallops said to be unsound.

Ham causing illness 1 hour after consumption.

Peculiar taste of butter and orange drink.

Haddock sold instead of hake.

Cakes stale.

Tropical fruit salad with peculiar smell.

Frozen sprouts sold as fresh, with meal.

Prosecutions taken during 1970

Clark's Bread Co. Ltd.—fined £40 with £5 costs—sale of loaf containing insect and a maggot.

Acres the Bakers—fined £10 with £5 costs—sale of mouldy bread.

Clifton Mini Market, Clifton Road—fined £5 with £5 costs—sale of mouldy steak and kidney pie.

F. W. Woolworth & Co. Ltd.—fined £30 with 12 guineas costs—sale of mouldy turkish delight sweets.

All were guilty pleas.

The tables show an almost equal number of unsound food complaints with those containing foreign matter. Mouldy bread and cakes decreased but were compensated by more unsound pies and meat products. Most of these could be attributed to retailers' confusion over shelf life and the identification of manufacturers codes or marks on the packages. Uniform national policy on this is very much overdue and the whole subject of coding or date stamping food is to be considered by the Food Standards Committee who, it is hoped, will make suitable recommendations. There is much to be said for and against the declaration of an expiry date on food packages.

Two foreign matter complaints referred to "glass" in tins of grapefruit and proved to be naringin crystals, quite harmless and formed from the constituents. Two complainants threatened private prosecutions against retailers following the Council's reluctance to do so, but did not eventually proceed. One alleged a broken tooth as a result of a stone in a Christmas pudding and appeared to have grounds for civil action. Another resident nearly swallowed a small piece of broken plate discovered in a restaurant meal. Immediate recompense was offered in both cases and after the fullest investigation and enquiry it was decided that the facts did not justify formal action.

Some complaints it will be seen were not substantiated. An instance of these was sprouts advertised in a restaurant menu as fresh but believed by complainants—who claimed expert knowledge—to be frozen. The basis for the allegation was a slight discolouration at the sprout centre. An immediate inspection of the restaurant stores revealed no frozen sprouts and the inspector was inclined to believe the protestations of the chef. The discolouration was proved to be due to a slight over-cooking of fresh sprouts and an experiment later confirmed this. The complainants, who were visitors, later wrote accepting the explanation and expressed satisfaction with the investigations.

GENERAL FOOD INSPECTION

8 tons 15½ cwt. of various food had to be destroyed following examination. Part of this—2 tons 3 cwt.—was frozen food affected by refrigeration plant failure.

The borderline between unfitness and unsaleability was never more difficult to define than in these incidents when care must be taken not to waste wholesome food or pass food which is potentially dangerous by loss of temperature control.

Other food condemned followed traders' requests for examination.

MEAT INSPECTION

The Borough's only Slaughterhouse which has maintained a precarious existence over the last few years, slightly increased production. Despite staffing problems, the vagaries of the meat trade with its problems of seasonal subsidies and fluctuating public demand, the number of animals slaughtered increased slightly from 12,793 to 13,690. More pigs but slightly less sheep and cattle were killed.

The revenue for inspection, which was at the standard rate of 2/6d. for cattle, 9d. for pigs and calves and 6d. for sheep, was £546 15s. 0d. These rates have been unaltered since the 1963 Meat Inspection Regulations and will remain unchanged on decimalisation conversion.

Tuberculosis, once the scourge of most food animals was only found in pigs and confined mainly to heads. One pig's liver affected with hepatitis and tubercles was submitted to Dr. Shore, pathologist of Southlands Hospital, who professes a great interest in certain animal diseases. He confirmed suspicions regarding tuberculosis and as a result, sections were sent to the Ministry's Central Veterinary Laboratory, Weybridge, from which further confirmation was later received. The tubercle was believed to be avian in origin and indicative that this organism can be very probably blamed for pig infections. Dr. Shore also was able to confirm malignant tumour tissues from a cow which helped to influence the Inspector in his decision. It is extremely valuable to have such a knowledgeable and interested pathologist as Dr. Shore so readily accessible. Tribute is paid to him for his co-operation.

Cysticercus bovis was found in 3 carcasses—2 of which contained such degenerated cysts to render them of doubtful viability. They are reported as positive cases but only the affected organs were rejected. Active cysts were found in the heart of an 18 month old bullock, the carcass of which was refrigerated for 3 weeks in the usual way.

Only an occasional complaint is now received about the slaughterhouse's operations within such a residential built up area—usually from a newcomer to the district. Slaughtering has been carried on at these premises continuously for almost 100 years. The management try hard to avoid offence to neighbours but it will always remain questionable why residential development was permitted so close to such a potential nuisance-causing activity.

The following table is prepared in accordance with the Ministry requirements:—

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed and inspected...	536	57	292	1,482	11,323
<i>All diseases except Tuberculosis and Cysticerci :</i>					
Whole carcases condemned...	—	6	27	8	57
Carcases of which some part or organ was condemned ..	150	17	7	62	2,182
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	28.0%	40.4%	11.6%	4.7%	19.9%
<i>Tuberculosis only :</i>					
Whole carcases condemned...	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	84
Percentage of the number inspected affected with tuberculosis	—	—	—	—	0.7%
<i>Cysticercosis :</i>					
Carcases of which some part or organ was condemned ...	3	—	—	—	—
Carcases submitted to treatment by refrigeration ...	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

DISEASES OF ANIMALS ACTS

A rabies scare occurred in January when a veterinary surgeon reported the sudden death of a cat, preceded by symptoms completely uncharacteristic of the normal behaviour of the animal. The proximity to Shoreham with its remote possibility of importing the virus plus no doubt a certain topicality of the disease following its confirmation some months previously in Surrey, justified extreme measures being adopted.

All the statutory authorities were notified and Veterinary Officers of the Ministry of Agriculture removed the carcase for examination. Disinfection of the part of the veterinary surgeon's premises was carried out in accordance with the Rabies Order and a course of inoculations was commenced on the cat's owner who was considered at risk as she had been attacked during the animal's abnormal behaviour.

The Ministry's initial conclusions a fortnight later were negative on the histological examination but further confirmation was needed before finally discounting the possibility of infection. The Medical Officer of Health had the unenviable decision whether to discontinue the daily inoculations in the event of a reversal of the preliminary results or complete the course and risk any side effects which the serum might produce. The consequences of rabies in man are so extreme however that he decided to continue, but it was nevertheless with considerable all round relief that the final negative examination results were received a further 2 weeks later.

In February, 3 confirmed cases of psittacosis in adults were notified by the Chest Physician, Worthing Hospital. Though no action under these Acts was then possible, the facts are worth recording. All patients had worked in a local pet shop and had handled exotic birds, one of which—a love bird—had died in suspicious circumstances. Two months had elapsed between notification and confirmation of the disease and it was impossible to establish the exact source of the infection. The pet shop was clean, and well run and no other birds appear to have been affected.

All the patients recovered after several months of convalescence but even a year afterwards still suffer periodic after effects. The disease is clearly not to be regarded lightly and demonstrates again the doubtful wisdom of permitting the importation of species still likely to carry infection to man.

On a more routine note, movement licences under the Regulation of Movement of Swine Order 1959, were received for 1,479 pigs entering the Borough for slaughter.

MILK SAMPLING

Little needs to be said about this subject from the point of view of prevention of disease. Heat treatment is now so firmly established and controlled by the industry itself that only occasional samples need to be taken to ensure compliance with Regulations.

Though milk-borne disease is still possible by drinking raw milk, it is comforting to report that no such milk is now sold in Worthing. Samples for the presence of tubercle or brucella have been taken from milk on arrival at Home Counties Dairies Depot however and the results are given below. It is accepted that this work is largely for the information of adjoining rural districts who do not have the same opportunities for sampling. *Brucella abortus* shows no sign of materially decreasing in milk, reinforcing the need for continued heat treatment—despite the absence of tubercle which was once the cause of so much human suffering.

About 10,000 gallons of raw milk is processed daily at the Dairy from 139 producers.

Details of licences and samples taken for statutory and biological tests are given:—

Licence holders:

Dealers “Untreated”	..	..	—
„ “Pasteurised”	..	..	1
„ Prepacked Licences	..		78

Biological sample Results:

	1967	1968	1969	1970
No. of samples examined for organisms	238	207	185	144
M. Tuberculosis—Positive ..	—	1	—	—
Brucella Ring Test—Positive and weakly positive ..	25	22	25	29
Brucella Abortus—Positive ..	4	13	17	16
Brucella Melitensis—Positive ..	—	—	—	—

Samples submitted for turbidity phosphatase, methylene blue and penicillin presence tests:—

<i>Designation</i>	<i>No. taken</i>	<i>Unsatisfactory</i>
Untreated	—	—
Pasteurised	79	3
Sterilised	9	—
Penicillin presence	144	—
Ultra Heat Treated	5	—

ICE CREAM

Adequate controls over processing have now virtually eliminated risks of infection from this source. Methylene blue tests which are applied to determine the extent of bacterial activity, still show that soft ice cream remains the most likely potential source however.

Proper cleansing and sterilising of equipment is still vital to ensure a safe product but little confidence in this is inspired by some mobile operators.

Results of samples taken for bacterial quality were: —

<i>Taken</i>	<i>Grade 1</i>	<i>Grade 2</i>	<i>Grade 3</i>	<i>Grade 4</i>
58	17	26	13	2

11 iced lolly samples proved satisfactory.

POULTRY INSPECTION

There is only 1 establishment where slaughtering is caried out and this is spasmodic. No mechanical apparatus is used and only occasional surveillance appears necessary. No unfit or diseased birds are known to

have been supplied by the poulterer and no complaints have been received about the premises.

(1) Number of part time poultry processing premises within the district	1
(2) Number of visits to these premises	3
(3) Total number of birds processed during the year ..	200
(4) Types of birds processed—capons and boilers ..	—
(5) Percentage of birds rejected as unfit for human consumption	less than 1 %
(6) Weight of poultry condemned as unfit for human consumption	less than $\frac{1}{4}$ cwt.

GENERAL FOOD PREMISES

<i>Kinds of Business</i>	<i>No.</i>
Restaurants, Cafes and other premises selling meals and drink	510
Grocers, Dairy Shops	138
Butchers, Fishmongers and Fish Fryers	93
Fruiterers, Greengrocers	80
Bread and Flour, Confectionery	60
Confectioners, Tobacconists, etc.	135

A text book incident of staphylococcal food poisoning occurred during July when 4 elderly people became violently ill within 4 hours of eating ham or chicken sandwiches at a local hotel and had to be taken to hospital. Subsequent enquiries revealed that a barmaid at the hotel also became ill about the same time but did not seek treatment.

The cause was clearly established as cooked ham which had been displayed for sale for 4 days in a glass showcase in the bar, interspersed between periods of refrigeration when the bar was closed. This fluctuation of temperature contributed to the ideal conditions for bacterial growth. How the ham became contaminated is not known but there were ample opportunities for this in a busy bar. On the day of the poisoning, a cooked chicken was suspected of being infected by a knife used on the ham and this caused one of the cases. The 4 patients remained in hospital 4 days.

This incident clearly illustrates the need for continuous temperature control of foods likely to be suitable for the growth of food poisoning organisms. The law at present only requires this for stored food, exempting those displayed for sale.

The Health Committee took up this point with the Association of Municipal Corporations who supported the need for a change of law. It is encouraging that the Department of Health and Social Security are proposing amendment regulations which will extend the present temperature control to appropriate foods at all times.

Many retail shops already possess refrigerated display counters giving this control but the greatest risks exist at present in public house and hotel bars where food may be covered but maintained at ambient temperatures.

Worthing's retail food shops are generally highly satisfactory. Assistants are still inclined to handle open food too much without using artificial aids but this objection is largely aesthetic. A number of restaurant and cafe kitchens are inadequate in size for the amount of business and satisfactory hygiene is well nigh impossible at all times. It is in the catering premises where the risk of food borne infection is the greatest, especially where food is not consumed on the same day as its preparation.

A noteworthy trend in catering has been the increase in popularity of foreign food in recent years. Three Chinese premises specialising in take-away meals opened during the year and there are now 8 Chinese and 2 Indian restaurants. All maintain an acceptable standard and some have an extremely high standard of premises and equipment.

Talks in food hygiene were given to various groups and associations on request and the Diploma course for the Royal Institute of Public Health and Hygiene for catering students was successfully continued.

It is pleasing to note that there was no need for any prosecution during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

The only registered premises continued to operate as it has for many years. 4 samples of filling materials were taken and 1 proved bacteriologically sub-standard. This was taken up with the suppliers.

NOISE

The effect of modern noise on the environment receives increasing emphasis internationally and public pressure is at last having a noticeable influence on designers of new aircraft and motor vehicles. Vehicle noise especially is universally the greatest contribution to the problem but progress is painfully slow in this direction.

The public seem less willing to accept local noise and complaints of 32 sources of noise were investigated. These covered a wide variety of domestic, commercial and industrial activities and occasioned 189 inspections or observations at varying hours of the day or night.

The nature of the sources investigated was as follows:—

Equipment from commercial premises, motor fans, etc.	..	9
Entertainment, clubs and personal noise	.. ..	8
Factory machinery	.. .. .	4
Domestic radio sets	.. .. .	4
Dairy and warehouse	.. .. .	2
Dogs, music, vehicle and miscellaneous	.. ..	5

No statutory action was taken and whilst in some instances the nuisance was not entirely abated it was brought within acceptable limits. It seemed likely at one stage that action would be taken against the proprietors of a dairy and an adjoining wholesale greengrocery premises at both of which activities took place at various hours throughout the night. Co-operation was eventually obtained and the work routine was amended.

Personal noise from clubs and entertainments is more difficult to overcome. Buildings can be sound-proofed and musical volume reduced but the noise of persons entering or leaving the premises with varying behaviour is not subject to public health control. The siting of entertainment of this sort affects its nuisance potential and there are grave difficulties where no planning control exists. Machinery noise can usually be suppressed or contained.

Pneumatic road breakers are generally now fitted with suppressors which slightly reduce the noise intensity and it is hoped that consciousness of noise will result in the manufacture of quieter equipment.

RODENT CONTROL

Routine measures seemed to keep the rodent population under control and no major infestations were encountered. Food waste left on the beach and public open spaces still ensures the existence of rats in these areas which require regular treatment. Local residents are quick to report the presence of rats in particular and no education appears necessary in this respect.

No sign of rodent immunity to the anti-blood coagulant poison warfarin was observed despite the increasing number of reports from other parts of the country of this trend. Tracking dust was successfully used against mice.

Annual sewer treatment using fluoracetamide is now standard practice in selected areas and 98 manholes were baited. The value of this is now proved by a reduction in surface infestations.

Details of work done:—

No. of complaints—Rats	..	..	..	..	356	(498)
Mice	..	..	..	..	335	(259)
No. of premises cleared of rodents	..	..	..	..	746	(723)
No. of visits	..	..	..	..	2,501	(2,613)

(The figures in brackets refer to 1969)

Properties other than Sewers	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	42,310	42
2. (a) total number of properties (including nearby premises) inspected following notification	1340	—
(b) Number infested by (i) Rats	343	—
(ii) Mice	331	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	738	121
(b) Number infested by (i) Rats	64	9
(ii) Mice	18	7

PEST CONTROL

The usual variety of pest problems were dealt with, ranging from identification of insects, disinfestation where necessary, and advice or reassurance where required.

A surprising number of domestic flea infestations were treated, almost entirely contracted from dogs or cats it is believed. Bees and wasps resulted in 261 visits for treatment, and so great were the requests at one period in August that complainants were offered insecticidal powder and advice to do the job themselves. Over 400 residents took advantage of this free facility.

Nuisance from pigeons was again prominent. The feral or rock pigeon, though still numerous, was kept in check by the Council's contractors—Rentokil—for the 4th year running, and over 400 birds were destroyed—300 on one night operation at the derelict Broadwater Hall which it is to be hoped will soon be demolished.

Wood pigeons are noticeably increasing as an urban pest and though their nesting and general activities do not result in the same fouling and defacement of buildings as the feral pigeon, their damage to garden crops can be considerable. Unfortunately, they are much more difficult to destroy and in most instances only rather negative advice of crop protection can be offered.

Public sympathy and co-operation in controlling or destroying pigeons is not yet forthcoming generally and the lack of this must hamper any attempt to deal realistically with what is becoming a nuisance approaching that of rats and mice, in some areas.

COMMON LODGING HOUSES

There are no such premises in the borough.

MISCELLANEOUS DUTIES

Visits were made in connection with the Riding Establishments Act 1964—3 licensed premises, Scrap Metal Dealers Act 1964—14 registered premises, Animal Boarding Establishments Act 1963—2 licensed premises, Pet Animals Act 1951—9 licensed premises.

One riding establishment was discontinued voluntarily during the year after warnings because of a rapid deterioration in the premises. Another establishment was granted a conditional licence in view of the dilapidation of the building.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The maintenance of satisfactory standards of working conditions continued with little difficulty except for one instance of a florist's shop. Prosecution was authorised for contraventions relating to cleanliness, and repair of various parts of the building but these were remedied before summonses were served.

Accidents disabling for more than 3 days office, shop or other workers coming within the scope of the Act, must be notified to the Council, and 32 were reported during the year. Most of these appeared to be as a result of carelessness on the part of the employee at the time, and except in one instance where goods were haphazardly stacked about the premises and passageway, no clear blame could be wholly laid upon the employer.

Regulations governing lifts and hoists came fully into operation and 3 adverse reports of examinations by specialist engineers were received. The work required was quickly put in hand but a number of hand operated goods hoists had still not fully been adapted to comply with safety measures.

Statistical details and a narrative report of the year's work have already been sent to the Department of Employment and Productivity, in accordance with the requirements of the Act.

Analysis of Persons Employed in registered premises by workplace:—

Class of workplace	Number of persons employed
Offices	4,560
Retail shops	3,829
Wholesale departments, warehouses ...	438
Catering establishments open to the public ...	715
Canteens	77
Fuel storage depots	—
Total	9,619
Total males	4,249
Total females	5,370

Analysis of Contraventions:

Section	Number of contraventions found			Section	Number of contraventions found		
4	Cleanliness	..	.. 6	15	Eating facilities	..	—
5	Overcrowding	..	.. 4	16	Floors, passages and stairs	.. .. 17	
6	Temperature	..	.. 17	17	Fencing exposed parts of machinery	.. .. 10	
7	Ventilation	..	.. 6		Lifts and Hoists	...	—
8	Lighting	..	.. 16	18	Protection of young persons from dangerous machinery	.. .. 1	
9	Sanitary conveniences	..	40	19	Training of young persons working at dangerous machinery —	
10	Washing facilities	..	15	23	Prohibition of heavy work —	
11	Supply of drinking water	..	.. —	24	First aid—general provisions	.. .. 31	
12	Clothing accommodation	—			Total	.. .. 163	
13	Sitting facilities	..	—				
14	Seats (sedentary workers)	—					

FACTORIES ACT, 1961

Further development of the industrial sites at Meadow Road, South-downview Road and Woods Way resulted in new factory units with a dis-continuanace of some old premises.

The majority of factories are small businesses and Beechams Research Laboratories continues as by far the largest employer.

Details of action taken during the year:—

Factories Act, 1961—Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors):—

Premises	Number on Register	Number of Inspections	Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	21	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	334	248	7
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	36	34	—
TOTAL	391	290	7

2. Cases in which DEFECTS were found:—

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1.)	3	7	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)				
(a) insufficient	—	1	—	—
(b) unsuitable or defective	13	13	—	—
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
TOTAL	16	21	—	—

Outworkers

Seven firms employ 39 persons working in their own homes, whose names and addresses are required to be notified to the Council. In the event of work being carried on in unsatisfactory premises, the Council has power to require its discontinuance.

Part VIII of the Act

Outwork

(Sections 110 and 111)

	Section 110			Section 111		
Nature of work	No. of out-workers in August list required by Section 110(1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel	39	—	—	—	—	—

WORTHING CREMATORIUM

The crematorium serves a population extending far beyond the Borough, and the number of cremations continue to increase, both in absolute terms and relative to burials as land for this purpose becomes scarcer.

All cremation documents have to be meticulously checked by the medical referees (your Medical Officer of Health and medical staff) and in 1970 there were 3,510 of these compared with 3,034 in 1969, and 2,606 in 1968 when the crematorium first opened.

MORTUARY

These premises at the rear of the Central Clinic continued in almost daily use and 314 post mortem examinations were carried out, 66 on non-residents. The closure of mortuaries in the adjoining districts has meant increased use during the year.

The building is not unsatisfactory for the purpose though lacking in some of the refinements of a modern mortuary. It has an anticipated life of about 3 years when new facilities at Worthing hospital extension should be completed.

The attendant is himself over retiring age but maintains the premises in exemplary cleanliness. This has been very much a family tradition as he, his brother and mother before him have been continuously associated with the duties for at least 60 years.

DRAINAGE, SEWERAGE AND REFUSE DISPOSAL

Though all these activities are conducted by the Borough Engineer, they possess basic public health associations.

The inadequacy of certain sewers in the central area is demonstrated by surcharging after even moderate rainfall resulting in occasional flooding of basements. A relief sewerage scheme at an estimated cost of £1¼ million is to start shortly and should overcome the nuisance.

There are still over 200 premises, mainly houses, which, it is sad to state in 1970, are not connected to main drainage, but are drained to cesspools. Most of these areas are without main sewers and the cost of sewerage for them will be high. It seems probable that greater initiative will have to be taken by local authorities generally in these circumstances, as recommended by the recently published Working Party Report on Sewage Disposal.

Sewage is now treated sufficiently to ensure a nuisance-free effluent. Sewage sludge and screened refuse continue to be disposed of in the manufacture of compost. Some of this is sold as a basis for fertiliser but the majority is removed by controlled tipping with the refuse tailings. Bulky combustible refuse is disposed of by incineration.

WATER SUPPLIES

The water supply undertaking is owned and managed by the Borough Council. I am indebted to the Water Engineer, Mr. H. A. Leader, for the following report:—

1. Examination of all water samples has been carried out in the laboratory of the Brighton Water Department.

2. The water supply of the area has been satisfactory in quantity and quality during the year.

3. Bacteriological examination of the raw waters was made at weekly intervals except at Burpham Pumping Station where samples were examined daily. The treated waters at all stations have been examined on a similar basis. The total number of raw and treated water samples taken from the pumping stations together with a summary of the bacteriological results obtained is shown below:—

	Raw Water	Treated Water
No. of samples examined	969	1,020
No. showing presence of Coliform Organisms in 100 ml.	622	5
No. showing E. Coli present in 100 ml.	554	1
No. showing Coliform Organism absent from 100 ml. . .	347	1,015

Abbreviated chemical examinations were carried out at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been made on one sample of each of the Undertaking's sources.

Bacteriological examinations together with chloramine determinations have also been made on 238 samples of water from service reservoirs. All were satisfactory.

A total number of 3,745 samples were examined during the year, five of which were deposits.

4. Since all waters are obtained from the chalk there is little likelihood of any plumbo-solvent action and no evidence of such action being apparent.

5. Chlorination with or without post-ammoniation of all raw waters is practised continuously with the exception of the pumping stations at Northbrook, Stanhope Lodge and Burpham Nos. 3 and 4 boreholes where super- and de-chlorination is utilised before the addition of ammonia to form chloramine in the final treated water.

6. 39,512 domestic properties in the Borough are supplied from the Corporation's Water Undertaking, the population totalling 84,130.

No dwellings in the Borough are supplied by means of a stand-pipe.

7. The natural fluoride content of the water lies between 0.07 and 0.08 milligrams per litre.

SWIMMING BATHS

Regular bacteriological samples are taken of the bathing and paddling pools in the borough.

In some instances, a high bacterial count, though not in itself a hazard, indicated that all was not well with the purification procedure. Where this was discovered, immediate measures were introduced to rectify the defect.

Samples taken:—

			<i>No. taken</i>	<i>Unsatisfactory</i>
Aquarena (large and small)	..	..	44	—
Beach House paddling pool	..	..	5	1
The Lido	..	..	7	—
Boys' High School baths	..	..	7	—
Selden Primary School	..	..	3	—
Vale Primary School	..	..	2	—
Swandean Hospital	..	..	1	—

I am obliged to Mr. David Easton, Director of Entertainments and Publicity for the following statistics for attendance at the Aquarena:—

Public attendances	..	..	..	241,056	(219,560)
Borough and County Schools		..	..	55,989	(55,860)
Private Schools	..	..	..	1,512	(1,768)
Club Night attendances	..	..	..	72,940	(71,965)
Swimming Galas	..	..	..	8,600	(10,800)
			TOTAL	380,097	(359,953)

The public attendances comprised:—

Adult Swimmers	..	..	..	75,058	(67,976)
Child Swimmers	..	..	..	137,658	(124,098)
Spectators	..	..	..	28,340	(27,486)
			TOTAL	241,056	(219,560)

(The figures in brackets refer to 1969)

Part IV.

SCHOOL HEALTH SERVICE

SCHOOL POPULATION

The number of children on the rolls of maintained schools at the end of 1970 had risen slightly compared with the previous year:—

Type of school	Number of schools		Number on roll	
	1969	1970	1969	1970
Primary	15	15	5707	5938
Secondary :				
Grammar	3	3	1835	1834
Modern	5	5	2831	2926
Special	1	1	138	138
Fitz-Alan Howard Centre ...	1	1	6	6
Total	25	25	10517	10842

The children attending the special units (the partially hearing at Downsbrook Primary School and the emotionally disturbed at the Remedial Centre) are included in the above figures. Those attending the Remedial Centre, whether part-time or full-time, remain on the registers of their own schools.

In addition to the 24 maintained schools and the Fitz-Alan Howard Centre, there were in Worthing in 1970 five independent schools providing full-time education. This excludes the 31 private day nurseries and child minders some of which have nursery school facilities.

MEDICAL INSPECTION

The arrangements for the medical examination of school children remained unchanged, every child being seen routinely at least three times during school life, normally at 5-6 years, 11-12 years and at 14 plus.

Under the 1944 Education Act a Local Education Authority may make available to independent schools some or all of the facilities of the School Health Service, and medical inspections are being regularly carried out at Broadwater Boys' Preparatory School and the girls' school of the Convent of Our Lady of Sion.

At medical inspections the school doctors look for abnormalities and defects, and if necessary arrange for further observation or treatment. Sometimes reference to a hospital specialist is necessary. In every case the family doctor is kept fully informed.

In addition to the three routine medical inspections, children may be given a special examination at the request of the teacher or parents when there is some particular matter for concern. These special examinations may be done in the school or at the clinic.

Defects found at an examination which do not require treatment are usually noted for observation in a year's time. Pupils receiving treatment or with defects requiring observation are re-examined yearly.

At periodic medical inspection 2,871 pupils were examined compared with 3,127 in 1969. The general physical condition was again recorded as satisfactory in 100%. At these inspections 284 children (9.9% of those examined) were found to require treatment for some condition. As in previous years the commonest defect discovered was impaired visual acuity. 139 such children were referred for treatment—48.9% of those with defects and 4.9% of all who were examined.

Vision testing is carried out at the three routine inspections during a child's school life, and also in addition at age 8, 16 and 17 (if still at school). All children found to have defective vision are seen yearly until known to be under the regular care of an ophthalmologist or optician, should this be necessary.

Every endeavour is made to test the vision of very young children. This may not be easy because they are often too shy to co-operate, or they may not yet know their capital letters. By using an "E" card or picture card, however, reasonably accurate testing can be done, though sometimes great patience is needed.

The following table gives the numbers and percentages of children examined and requiring treatment over the past five years:—

Year	No. of children examined	Total No. requiring treatment	% requiring treatment	No. with visual defects requiring treatment	% with visual defects requiring treatment
1966	2924	292	10.0	190	6.5
1967	2709	275	10.1	172	6.2
1968	2751	314	11.4	189	6.8
1969	3127	335	10.7	171	5.5
1970	2871	284	9.9	139	4.9

Table A on page 102 shows the number of children referred for treatment in the various age groups.

In 1970 special inspections numbered 97 and reinspections 566 (see table B on page 102).

Table D on page 103 gives the number and type of defects found at both periodic and special examinations which required treatment or observation.

Cleanliness Inspections:

These are carried out by the school nurses every term in the infant and junior schools. Routine examinations of secondary school children have not been made for many years, though individual older pupils are seen from time to time and classes of children of any age are examined at the request of a Head Teacher.

In May one of the school nurses reported on two primary schools where she had found 13 children and two members of staff to be infested with head lice. Prompt and energetic treatment quickly cleared this up but it was felt advisable to inspect all the children in all the schools in the Borough.

Accordingly a “blitz” was made by the entire staff of school nurses on all 24 maintained and five private schools, plus the junior training and remedial centres. Within a few days over 10,000 heads had been examined and well over 100 cases of louse or nit infestation found—50 of them from one secondary school for girls. For the first time for many years it was found necessary to issue formal cleansing notices under Section 54 (2) of the Education Act, 1944.

The homes of the affected children were visited by the school nurses and advice and free treatment given. Follow-up visits to the schools ensured that any inadequate treatment or reinfestation was quickly dealt with.

Table C on page 102 gives further details, but the sharp increase compared with past years is well shown in the table below. This episode is a salutary reminder of the continuing need to be aware of the swift spread that can occur, and the importance of vigilance by our school nurses.

Year	Total number of individual examinations	Total number of individual children found to be infested
1961	5,871	24
1962	4,267	6
1963	5,772	8
1964	10,724	5
1965	8,446	7
1966	6,325	4
1967	4,565	9
1968	3,525	8
1969	3,925	16
1970	20,860	141

MEDICAL TREATMENT

School Clinics:

Except for the Child Guidance Clinic, all are held in the main clinic premises in Stoke Abbott Road behind the Town Hall. The services are also available to pre-school children under section 22 of the National Health Service Act, 1946; and the statistics are given separately on page 41 et seq. In the tables and figures which follow the numbers include both pre-school and school age children.

(a) *Minor Ailments Clinic:*

A clinic is held each morning to deal with common minor infections of the skin, eye or ear. The children are normally referred from school medical inspections, or are sent in by teachers or health visitors. Sometimes they are brought along by parents. These clinics also form a clearing house for the preliminary investigation of all types of defect. They have been found particularly useful for treating verrucae. During the year 97

children made 468 attendances. A comparison with earlier years is shown below:—

Total number of attendances:

1961	..	..	..	..	303
1962	..	..	..	..	160
1963	..	..	..	..	168
1964	..	..	..	..	170
1965	..	..	..	..	186
1966	..	..	..	..	200
1967	..	..	..	..	225
1968	..	..	..	..	133
1969	..	..	..	..	293
1970	..	..	..	..	468

(b) *Physiotherapy Clinic*:

The physiotherapist holds sessions in the clinic on two afternoons each week. Children are referred for treatment by the school doctors and by general practitioners.

The following figures summarise the work of the physiotherapist during the year:—

New patients treated	..	..	58	(50)
Old patients treated	..	..	33	(33)
Total number treated (new and old)			91	(83)
Total number of attendances	..		504	(528)
(The figures in brackets refer to 1969)				

(c) *Eye Clinic*:

This is held every Friday afternoon. Refraction is carried out and spectacles prescribed when necessary. Most of the children seen have impaired vision due to refractive errors. Some have squints. During the year 13 children with squints needed operative treatment and many were treated by the orthoptist (see below).

Number of sessions	..	..	39	(35)
New patients seen	..	..	123	(129)
Old patients seen	..	..	144	(241)
Total number seen (new and old)	..		267	(370)
Total number for whom glasses prescribed	..	..	95	(93)
Total number of attendances	..		427	(417)
(The figures in brackets refer to 1969)				

(d) *Orthoptic Clinic*:

Treatment by the orthoptist is given in the clinic on Wednesday and Thursday afternoons, and all day on Monday. The children concerned have all been referred by a Consultant Ophthalmic Surgeon.

Orthoptic treatment consists essentially of stereoscopic exercises for the muscles controlling eye movements in an attempt to give binocular vision. The instruments used for this are called synoptophores. A squinting eye, untreated, may cause double vision, but more usually vision is suppressed and the eye becomes useless and blind for all practical purposes. Treatment is most effective between the ages of 4 and 6.

Number of sessions	..	..	171	(146)
New patients treated	..	..	87	(72)
Old patients treated	..	..	93	(56)
Total number treated (new and old)			180	(128)
Total number of attendances	..		474	(355)
(The figures in brackets refer to 1970)				

(e) *Speech Therapy Clinic:*

The Speech Therapist devotes six of her ten sessions to children attending Worthing schools. Details of the work are as follows:—

Number of children referred by

(a) School doctors	..	..	..	21	(19)
(b) Teachers	..	..	..	51	(31)
(c) Others	..	..	..	30	(50)
				102	(100)

Number of sessions held

(a) In Clinic	..	..	..	21	(36)
(b) In George Pringle School	..	..	..	28	(38)
(c) In other schools	..	..	..	151	(133)
				200	(207)

Number of children treated (new patients) .. 53 (77)

Number of children treated (old patients) .. 300 (326)

Total number of attendances (new and old)
at Clinic and schools .. 709 (983)

(The figures in brackets refer to 1969)

(f) *Child Guidance Clinic:*

The Child Guidance Clinic in Southey Road is under the direction of a Consultant Psychiatrist, Dr. M. Aldridge, and open each week day.

Children are usually referred to the Child Guidance Clinic by school doctors or general practitioners, but access is directly and freely available to teachers and parents.

The Worthing clinic serves a wide area and the work summary which follows only refers to children living or attending schools in the Borough, details of which have been kindly supplied by the Child Guidance Clinic:—

1. Referral:

Referred by	5 years & under		6-11 years		12-16 years		17 years & over		All ages		Total
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
School Medical Officer ...	1	—	1	1	1	—	—	—	3	1	4
Courts and Probation Officers ...	—	—	1	1	2	1	—	—	3	2	5
Parents and others ...	—	—	13	6	3	1	—	—	16	7	23
General Practitioners ...	—	3	11	4	7	3	—	—	18	10	28
Children's Department ...	—	—	1	3	2	4	—	—	3	7	10
Head Teachers ...	—	—	11	4	2	2	—	—	13	6	19
Education Department ...	—	—	—	—	1	—	—	—	1	—	1
Hospitals ...	—	1	2	1	3	2	—	—	5	4	9
Health Visitors ...	—	1	1	1	—	—	—	—	1	2	3
Educational Psychologist .	—	—	1	1	—	—	—	—	1	1	2
Speech Therapist ...	—	—	—	1	—	—	—	—	—	1	1
Totals	1	5	42	23	21	13	—	—	64	41	105

From this table it will be seen that General Practitioners were the largest sources of referral. Half the children were in the age range 6-11, and there were twice as many boys referred as girls in this age group.

2. Investigation:

Number of children investigated at the Child Guidance Clinic during the year and found to be:

(a) In need of child guidance help	..	..	..	83
(b) Not in need of child guidance help	..	..	..	10
(c) Educationally sub-normal	..	..	..	1
			Total	94

3. Treatment:

No. of children treated during year	..	..	..	77
No. of children awaiting treatment on 31.12.70	..	..	..	6

(g) *Obesity Clinic*:

This Clinic is held at the Central Clinic, under the supervision of Dr. A. M. Lowry, School Medical Officer.

The treatment consists of a combination of physiotherapy, psychotherapy, regular weighing, diet control and where necessary the use of Ponderax tablets. It is not proposed to use at any time the habit forming drugs, particularly the amphetamine group, so as to avoid the risk of addiction.

Dr. Lowry reports:—

“Twenty-five sessions were held—32 children making a total of 127 attendances.

There were 21 new patients and 11 children discharged as having reduced to the normal weight for their height and build.

Unfortunately the three-month follow-up on these discharged children is often disappointing as the weight is partly regained. This seems to prove that a longer and more stringent supervision of potentially fat children is needed.

The obese school-child is very much a present and increasing problem—and although some schools are now very co-operative in providing low calorie school dinners, this is far from general, and a compulsory high carbohydrate dinner defeats the most enthusiastic dieter.

There is room in this project for both individual and general re-education whenever possible.”

(h) *Enuresis Clinic*:

This is also held at the Central Clinic under Dr. Lowry’s supervision. She reports:

“Twenty-five sessions were held in 1970—67 children attending for treatment, making 291 attendances in all.

Twenty children were discharged as cured.

This clinic has increased in numbers to be extent that it is now held as a weekly session. Many more patients are being referred from their own general practitioners, apart from the children referred from routine school medical examinations.

General practitioners are kept meticulously informed as to exactly what form of treatment is being used for each patient and when and if this is changed.

New treatments have dispensed with the need to use the cumbersome pad and buzzer unless this is specifically requested by the mother. The clinic is a popular one—no encouragement being needed to ensure regular attendances and a pleasant one to supervise because of the satisfaction ensured by all concerned following ‘a cure’, often in a surprisingly short time.”

DENTAL INSPECTION AND TREATMENT

Report of the Area Dental Officer:

“I would first of all like to record my thanks to the Corporation for enabling me to attend and successfully complete the course leading to the Diploma in Dental Public Health.

The year has been one of progress. In September we took delivery of the mobile dental caravan and Miss S. Iland was appointed as our new dental officer. Already the benefits of the caravan have been obvious. One of the most persistent worries in this service is the number of failed appointments. With the introduction of the mobile caravan the first full quarter saw a reduction in overall failure rate from 19% to 11.4%. There is, therefore, an immediate and obvious effect when the dental unit is taken to school. During the holidays, however, the failure rate tends to return to its high level. The problem of failed appointments appears to be a universal one where a free service is offered. In Scandinavia this has, to a large extent, been overcome in their school dental service by requiring patients who fail their appointment without good reason to pay for the completion of their outstanding treatment before they are once again eligible for the free service. A further interesting point is that all children attending for treatment in Scandinavia have to clean thoroughly their teeth in an ante-room prior to being seen in the surgery—a pleasant change from the food-filled teeth which so often present for treatment or inspection here.

All pupils in school received at least one dental inspection this year and about one third of these were referred for re-examination and treatment. Of this third just over 40% received treatment through the School service.

Dental Health Education is a very important aspect of our service but resources unfortunately prevent large scale operations. Were those who oppose fluoridation to follow through what they seem to believe (that prevention can be afforded through sensible home care) and endeavour to help in dental health education, they would realise the ease with which people can be taught, but the reluctance with which they are motivated to put that education into practice. It seems unlikely that a primary school child will be able to influence its parents and family into changed dietary and oral hygiene habits. Research so far conducted shows that by and large the motivation to succeed should come from the parents to the children. It is unfortunate that parents consider it necessary to send a child to school with something to eat at ‘lunch’ break—there would appear to be no medical need for this and a distinct dental disadvantage. Furthermore with increasing numbers of children taking sandwich dinners and opting out of school meals it is to be hoped that the schools will allow everyone the facility of finishing their meal with a fibrous cleansing food such as a piece of apple or carrot. Considering sweets, a realistic approach is to allow children the pleasure of sweets but at the same time to educate them into eating them when they will be dentally least harmful—this being at the end of a meal.

Thus with toothbrushing with a fluoride toothpaste after breakfast and after the last thing to eat at night, finishing dinner with a fibrous food and having a well balanced nutritious diet, without in-between meal snacks, a relatively simple but dentally healthy regime can be implemented in the home. Although dental health education is an important aspect in prevention it is regrettably not the whole answer. Fluoride is the only ion we have at the present time which is capable of increasing the resistance of teeth to acid attack throughout life. So fluoridation of water supplies, the use of a fluoride toothpaste, regular check-ups at the dentist with the periodic use of topical fluoride applications coupled with the home care previously outlined are all important steps on the road to the prevention of a large amount of the decay from which so many of us suffer, and which in most instances, it should be appreciated, is a self-inflicted disease. Our pervading motto should be, a tooth extracted is a tooth lost to fillings, a tooth filled is a tooth lost to prevention.

The picture one would therefore like to see would be that of the number of fillings required reducing, and extractions eliminated except for orthodontic purposes. The actual trend that this year's statistics reveal, compared with the preceding year, is an increase in extractions and fillings. An increase in the ratio of teeth extracted to teeth filled from about 1:12 to 1:9.5 is not a very encouraging trend. The actual amount of work done increased so that from a statistical point of view the department have increased their output, and whereas this is encouraging it would be preferable to be able to report that the increase was in the preventive field rather than surgical.

In September we unfortunately lost the service of our sessional hygienist and so far no replacement has been found. We are thus only able to keep our preventive service of routine prophylaxis and topical fluoride applications at its present low level rather than expanding it and offering it to all our patients. For the future, consideration is being given to the employment of a full-time hygienist for the Borough so that this valuable service can be offered to all our patients. It would seem realistic, ultimately, to consider the employment of full-time auxiliary personnel so that general dental practitioners could then refer child patients for routine prophylaxis and topical fluoride applications—a procedure which at the present time is not available under the National Health Service.”

School Inspections :

Number of half-day sessions	43	(54)
Number of children inspected	9,875	(9,563)
Average number of children seen per inspection .	229.0	(177.1)
Number referred for treatment	3,314	(3,606)
Number treated	1,431	(1,460)

Dental Treatment :

Number of half-day sessions at clinic	487	(418)
Number of attendances made	4,226	(4,036)
Average attendance per session	8.3	(9.6)
Number of failed or cancelled appointments ..	841	(892)

HANDICAPPED PUPILS

The Education Act of 1944 made it the duty of every Local Education Authority to find out what children in the area needed special educational treatment. This "ascertainment" remains one of the most important functions of the School Medical Officer. All handicapped children over the age of two are his concern, and he maintains his supervision throughout their school life.

Table G on page 106 shows the number of handicapped children requiring special educational treatment in each of the ten categories. At the end of 1970 there were 100 children on the registers of special schools (63 day pupils and 37 boarders) compared with 103 in 1969. In addition five children were in full-time attendance at the partially hearing unit in Downsbrook County Primary School. There were also 24 emotionally disturbed children attending part-time at the Remedial Centre in Richmond Road. No children were being educated in hospital but four were receiving home tuition.

During the year 23 children were assessed as needing special educational treatment and 22 were suitably placed. Seven were still awaiting placement at the end of the year. The 23 children who were assessed comprised 15 educationally subnormal, two maladjusted, three partially hearing, one physically handicapped and two delicate.

Deaf and Partially Hearing Children:

The testing of hearing (as of vision) is best done soon after a child begins school though it is, of course, more time consuming at this age. The majority of the 1,867 children who were routinely tested in 1970 were school entrants aged 5 though some were older. Several children had to be tested more than once, but none had to be referred for further audiological investigations. The method used to test children's hearing is called "sweep-testing," and is done by School Nurses using a pure-tone audiometer. Full-scale audiometric testing for every child would be very time consuming and the "sweep-testing" method enables larger numbers of children to be seen at one session. Each child is tested individually and each ear separately. Four frequency levels within the range of normal speech are used at a fixed intensity of 20 decibels.

There were five Worthing children, aged 4-9 years, attending full-time and two attending part-time at the Special Unit for partially hearing children which is situated within the precincts of Downsbrook County Primary School. They are taught by a qualified Teacher for the Deaf using specialised equipment, but integrate with normally hearing children for three sessions each week.

Three partially hearing children were at special residential schools, one in Brighton, one at Larchmoor School, Bucks., and one at Mill Hall School, Cuckfield.

Educationally Subnormal Children :

I am grateful to Mr. G. E. Pickett, Headmaster of the George Pringle School, for the following report:—

"At the end of 1970 the number on roll in the main school was 129—46 girls and 83 boys, and there were two girls and five boys in the Diagnostic/

Assessment Unit. The total number of 136 was made up as follows:—

5 years of age	3
6 " " "	4
7 " " "	8
8 " " "	9
9 " " "	9
10 " " "	14
11 " " "	22
12 " " "	25
13 " " "	12
14 " " "	15
15 " " "	14
16 " " "	1

The Diagnostic/Assessment Unit which was set up for potential pupils about whom more information is required before definite decisions as to future education can be made has now been in existence for three years. Over this period, 20 children—13 boys and seven girls—have been admitted into the unit, at different times. Of these, two boys and four girls have moved up into the main school. Five boys have gone to the Junior Training Centre. One boy went to a hospital observation unit. One girl transferred to a diagnostic class in the area to which her parents moved. Periods spent in the unit vary from one month to 30 months—four children staying six months or less, and apart from the one boy staying 30 months, the others have stayed for periods of two years or less. Of the 20 children, 11 had marked speech defects and 13 behavioural difficulties. Although there were other varied handicaps, these were the most frequent. Conferences between representatives of the School Health service, the Psychological service, Education officials, and ourselves are held once a term to discuss progress of the children in the unit and their possible placement, and also to consider new admissions.

Of the 136 children in the school, 28 children were either receiving speech therapy or were under observation. Mrs. Chalmers, Speech Therapist, attended one morning weekly.

I would like to pay tribute to all the teaching staff for their patient understanding and their conscientious and selfless devotion to the many needs of our children, and to the ancillary members of staff who have worked no less nobly."

Maladjusted Children:

Day educational treatment of emotionally disturbed children is provided at the Remedial Centre in Richmond Road. I am grateful to the Teacher-in-Charge, Mrs. E. Field, for the following report on the work of the Centre during the year:—

"It is now over 13 years since the Remedial Centre was established in Worthing. There are now 58 children attending for morning and afternoon sessions. The age range is from 5 to 16 years and their intelligence range is from E.S.N. to I.Q. 130. Children are referred to the Child Guidance Clinic by family doctors and Head Teachers, and any parents can take their child to the Clinic for advice and help. All the children attending the Remedial Centre come through the Child Guidance Clinic, and when a child attends for the first time the mother will accompany him.

The aim of the Centre is emotional recovery with return to full-time day school or placement in a suitable boarding school if home circumstances remain unchanged.

Remedial Teaching

The Remedial Centre sets out to provide help for children within small groups; in this way a family atmosphere can be created. Children often choose their activity from a variety of things, e.g. cooking, modelling, painting, drama, woodwork, pottery and games.

Reading is a common problem among maladjusted children and the help given in this subject has had encouraging results. Some children have raised their reading ages by as much as two years within two terms, and the non-readers have made good progress towards fluency in reading. There are many reasons for backwardness in reading, e.g. the inability to learn to read may be the result of perceptual difficulties, anxiety, rejection of reading because of parents who are unable to read, and homes without reading material.

Liaison with the Child Guidance Clinic

There are weekly conferences at the Clinic on children attending the Centre with:—

1. The Educational Psychologists, to discuss learning problems.
2. The Psychiatric Social Workers, who help and support the parents.
3. The Psychiatrist, who sees the children both at the Clinic and within a group at the Centre.

School visits are made to discuss progress, and to obtain additional information on a child. Head Teachers and class teachers are invited to Clinic Conferences to discuss children who are attending the Centre.

Staffing

There are two full-time teachers at the Centre and a half-time remedial teacher. It is very important that close relationships are made with the children, and that they are accepted however anti-social they may be. Often a child comes at a time when so much has gone wrong in his life, and he makes demands on the teacher 'acting out' in a very disruptive way. Through being able to talk about his feelings to a sympathetic adult he gains support and relief, and the teacher can help him to go on to make other relationships within the group.

General

This year has been a particularly successful year. In September over 20 children were terminated and returned to full-time school. Some of these were school refusal children who have settled happily in school and have had almost 100% attendance.

Past pupils return to the Centre and are always given time to talk to the staff and help with any problems that they wish to discuss. Each term the number returning increases. This helps in the long-term follow-up of the children which is necessary to assess the work done at the Centre.

Visitors to the Centre are welcome and during the year we have had many students from Sussex University, Colleges of Education, and student Educational Psychologists.

The building, although not designed as a special school, has been well adapted and all the space is well used. Provision is made for cookery, craft, a library, pottery, sand and water play, a quiet room and a class-room area. Playing space is sometimes difficult with such a wide age range from five to 16 years, and boys will often want to play football and other games. With a school whose doors open on to a main road and with no playground at the back, the children do need a stretch of grass to run on sometimes. It is possible to take them to the park sometimes, but a playground where they could have their own apparatus and the opportunity to build camps and huts would be very valuable to these children.

I am very grateful for the help and support I have received from the Director of the Child Guidance team, the Social Workers, the Education Department and the Head Teachers”.

Spastic Children :

The Worthing, Littlehampton and District Spastics Society continued to run the FitzAlan Howard Day Centre in Pavilion Road.

I am grateful to Mrs. A. Symonds, Teacher-in-charge at the Centre, for the following report:—

“In 1970 the transference of children to other establishments and the intake of others has led to a much-changed group in the Centre, on the whole a younger and more severely handicapped group than before. Children with handicaps other than cerebral palsy have been admitted, namely two deaf-blind children, two hydrocephalus and one spina bifida with hydrocephalus.

We have been encouraged by the acceptance of children into other schools. One 10-year-old girl entered the Wilfred Pickles School at Stamford, Lincolnshire, a Spastics Society School. Her Headmaster reports steady progress, she is very happy there, and during her holidays we have observed much improved speech and gait.

Another girl, four years old, was in the nursery waiting for a vacancy in the schoolroom, when it was decided, in view of her good progress, to try her in an ordinary school, and with the local Headmaster's agreement she started in April, just before her fifth birthday. She is progressing well, especially in reading and writing, though she is experiencing physical difficulties necessitating long-term constant visits to the hospital for treatment.

In May a nine-year-old girl was admitted to Chailey Heritage Hospital for assessment. She had been waiting for two years for this vacancy, and there was some doubt expressed about the likelihood of her being accepted. She was accepted, however, and is making progress. She had an operation on her legs in November, and is walking on her own for the first time, though with aids.

Two nursery children left the Centre in 1970, one deaf-blind girl for treatment and assessment elsewhere, and one very lightly handicapped little girl needing more stimulation than could be given in the immobile, non-communicating group of children she was with. It was considered that it would be better for her to attend an ordinary playgroup or nursery school.

Five children were admitted to the schoolroom from the nursery and another child was admitted at five straight into the schoolroom, but, sadly, died after several weeks attendance.

Three further children were admitted to the nursery, and two were transferred to the nursery from the schoolroom, having been unable to benefit from formal education.

It has been a source of satisfaction that some children have found a place in the normal world, and that those who have gone to special schools have been readily accepted at the schools to which they went for interview. This points to the fact that the termly meetings, which are attended by representatives of the Spastics Society, the Health and Education Departments, the Schools Psychological Service and the Centre Staff for the purpose of discussing the progress and future of each child, are fulfilling their purpose. These meetings will continue for the benefit of the children in the Centre, also giving all persons concerned the chance to meet, to ask pertinent questions and clarify and resolve any difficulties.

We are grateful for the continued help of so many voluntary helpers who attend so faithfully to help with feeding the children at lunch-time, at riding sessions and the swimming baths. Most of the original escorts and drivers are still with us, some of them travelling many miles each week so that the children can attend.

Speech and physiotherapy are given once a week, with extra speech therapy for those who badly need it whenever Mrs. Chalmers can manage it. Results have been very encouraging in several cases.

There is still the difficulty of placing the more severely handicapped children when they reach the age of 11, as there is no day unit for those between 11 and 16 years, but this arose in only one case in 1970.

When we look back over the year we are encouraged by the fact that most children have made some kind of progress, some socially, some in speech and physical attainments, some in learning. Even those who are immobile and unable to respond appear to be in better health than at the beginning of the year.

We feel that in our second year we have established a good working routine, which appears to contribute to the well-being and happiness of those in our care."

HOME TEACHING

Home teaching can be of very great value to some handicapped children for whom placement in a special school with other children is not practicable or suitable. I am indebted to Mrs. J. R. Bridger for her report on this service during the year:—

"There are some handicapped children, who for various reasons, cannot be placed in a special school, and others who need only a short period of home tuition following an illness or hospital treatment. These children often benefit greatly from the individual tuition provided by peripatetic teachers.

Two Home Teachers are employed in Worthing, and the Teacher of the Deaf also makes home visits. Nineteen children whose ages varied from 5—16 years were taught at home during 1970—and most of them received $6\frac{1}{4}$ hours tuition weekly.

Three teenagers suffering from school phobia were taught at home until it was felt they were ready to return to school part-time. Much patience and

co-operation was necessary on the part of the home teachers and staffs of all three schools, but in each case they were successful and the teenagers are now happily settled.

Four younger children suffering from pneumonia or asthma needed home teaching during the winter months, and in some cases during the period when they were only strong enough for part-time schooling.

A nine-year-old girl suffering from a kidney complaint was taught at home for over two years, but during 1970 returned to her primary school part-time for the summer term and later full-time, fitting in happily with her own age groups again.

A seven-year-old girl with a brain tumour received home tuition throughout the year, although she was also able to attend school part-time. A 12-year-old grammar school boy was taught at home for a term following a spell in hospital with rheumatoid arthritis, and a 10-year-old boy was taught in Worthing Hospital after breaking his femur in a street accident. Two children were taught in Worthing Hospital and later at home following appendix operations.

One spastic boy was taught at The Durrington Training Centre before being transferred to the George Pringle School, and one five-year-old girl with a severe speech defect was taught at home prior to being transferred to the diagnostic unit at the George Pringle School.

An eight-year-old autistic boy was taught at home before being admitted to Dedisham House School, Horsham. One 14-year-old boy with special behaviour problems was also taught successfully at home.

Two nine-year-olds died during 1970, one of leukemia and the other of epilepsy. Both were kept happily occupied and were cheerful until they died quite unaware of the severity of their illnesses.

The Home Teachers arrange outings to places of interest for those able to benefit. A summer outing to Hotham Park, Bognor, was much enjoyed by parents and children. This was followed by tea at the home of one of the teachers. A Christmas party was held at the other teacher's home. The Worthing Companions' Club again generously provided these children with a visit to the pantomime and gave them tea afterwards which was greatly appreciated."

CHILDREN FOUND UNSUITABLE FOR EDUCATION IN SCHOOL

During the year four children were reported to the Local Health Authority under section 57 (4) of the Education Act, 1944, as being unsuitable for education in school.

OTHER SERVICES

Provision of School Milk and Meals:

From September, 1968, only children of primary school age were still entitled to one-third of a pint of milk free each day.

I am indebted to the Borough Treasurer for the following figures for the financial year 1970/71. Those for 1969/70 are given in brackets for comparison:—

Total number of school days	195	(185)
Daily average number of children attending school	9,853	(9,529)

1. Milk

Daily average number of primary school children receiving $\frac{1}{2}$ pint of milk	5,337	(5,176)
Percentage of primary school children receiving milk	98.0%	(98.7%)

2. Meals

Total number of meals served	1,441,328	(1,349,136)
Daily average number of children taking meals ..	7,391	(7,293)
Percentage of children taking meals	75%	(76.5%)

Health Education in Schools:

Full details will be found on page of this report of the work in schools by the Health Education Organiser.

School nurses continued to give talks on parentcraft and hygiene as part of the curriculum in some of the schools.

Medical Examination of Entrants to Teachers' Training Colleges and to the Teaching Profession:

No. of examinations for admission to Training Colleges .	67	(73)
No. of examinations for entry to the teaching profession	6	(4)
No. of examinations of teachers for other Authorities .	3	(4)
	<hr/>	<hr/>
TOTAL ..	76	(81)
	<hr/>	<hr/>

(The figures in brackets refer to 1969)

School Hygiene and Sanitation:

Public Health Inspectors made visits to schools in connection with the following matters:—

Kitchen Inspections	31	(6)
Food and Ice Cream Sampling	8	(7)
Swimming Bath Sampling	13	(3)
Disinfestation (ants, rats, etc.)	12	(11)
	<hr/>	<hr/>
Total number of visits ..	64	(27)
	<hr/>	<hr/>

(The figures in brackets refer to 1969)

INFECTIOUS DISEASE IN SCHOOL CHILDREN

The number of confirmed cases of notifiable infectious disease in school children during the year was as follows:—

Scarlet fever	4
Whooping cough	7
Measles	127
Meningitis	1
Infective Hepatitis	2
Sonne Dysentery	2

DEATHS OF SCHOOL CHILDREN

The causes of death among children of school age (i.e. 5-15 years) for Worthing registered during 1970 were:—

Intracranial Granuloma	1 (Girl aged 15)
Cardiac arrest and Status Epilepticus	1 (Girl aged 10)
Acute pulmonary oedema and tracheobronchitis .	1 (Boy aged 12)
Acute bronchopneumonia and chronic myeloid leukaemia	1 (Boy aged 9)
Leukaemia	1 (Girl aged 5)
	<hr/> 5 <hr/>

ROAD ACCIDENTS TO SCHOOL CHILDREN

Fifty school children were involved in road accidents in Worthing during 1970, an increase of five over the previous year. The details were:—

Killed	— (—)
Seriously injured	14 (6)
Slightly injured	36 (39)
	<hr/>
TOTAL	50 (45)
	<hr/>

(The figures in brackets refer to 1969)

Medical inspection of pupils attending maintained Primary and Secondary Schools during the year 1970

TABLE A — PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any other condition	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	3	3	—	—	1	1
1965	694	694	—	15	55	70
1964	276	276	—	6	26	32
1963	29	29	—	—	1	1
1962	42	42	—	3	—	3
1961	55	55	—	1	4	5
1960	102	102	—	5	6	11
1959	551	551	—	31	22	53
1958	254	254	—	16	12	28
1957	45	45	—	3	3	6
1956	164	164	—	8	—	8
1955 and earlier	656	656	—	51	15	66
Total	2,871	2,871	—	139	145	284

TABLE B — OTHER INSPECTIONS

NOTES—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	97
Number of Re-inspections	.. ..	566
TOTAL	..	663

TABLE C — INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons, 20,860.
- (b) Total number of individual pupils found to be infested, 141.
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944), 103.
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944), nil.

The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

TABLE D — DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease	Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
4	Skin T O	4	2	2	8	—
		2	1	3	6	—
5	Eyes—a. Vision T O	15 20	59 14	65 43	139 77	5 —
	b. Squint T O	1 —	— —	— 3	1 3	— —
	c. Other T O	1 1	— —	4 1	5 2	— —
6	Ears—a. Hearing T O	— 54	— 4	— 30	— 88	1 —
	b. Otitis Media T O	— —	— —	— —	— —	— —
	c. Other T O	— 1	— 1	— —	— 2	1 —
7	Nose and Throat T O	2 3	3 1	7 1	12 5	— —
8	Speech T O	7 6	1 —	3 —	11 6	— —
9	Lymphatic Glands T O	— —	— —	— —	— —	— —
10	Heart T O	1 3	— 1	3 2	4 6	— —
11	Lungs T O	— 4	— 2	6 9	6 15	— —
12	Developmental—a. Hernia .. T O	— 2	— —	— —	— 2	— —
	b. Other T O	— 7	— 4	— 20	— 31	— —
13	Orthopaedic—a. Posture .. T O	— —	— —	— —	— —	— —
	b. Feet T O	14 4	— —	14 —	28 4	— —
	c. Other T O	5 4	1 1	8 2	14 7	— —
14	Nervous System—a. Epilepsy .. T O	— —	— —	— —	— —	— —
	b. Other T O	— 1	— —	— 2	— 3	— —
15	Psychological—a. Development .. T O	— —	— —	— 1	— 1	— —
	b. Stability T O	— —	— —	— —	— —	— —
16	Abdomen T O	— —	— —	— —	— —	— —
17	Other T O	21 5	8 —	27 9	56 14	90 —

T—Treatment. O—Observation.

TABLE E—DENTAL TREATMENT (SCHOOL CHILDREN)—1970

Treatment	Age 5-9		Age 10-14		Age 15 and over		Total—all ages	
	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous	Permanent	Deciduous
Extractions	10	190	114	49	22	—	146 (110)	239 (171)
Fillings	506	1,382	1,199	150	319	—	2,024 (1,913)	1,532 (1,380)
X-rays	23	26	133	23	58	4	214 (114)	53 (50)
Local anaesthetics		58	278		63		399 (151)	
General anaesthetics (M.O.)		84	32		3		119 (94)	
General anaesthetics (D.O.)		—	—		—		—	—
Teeth made self-cleansing and silver nitrate applied	—	23	—	—	—	—	— (—)	23 (41)
Temporary dressings	21	121	62	14	11	—	94 (82)	135 (99)
Root canal treatment (first)	—	6	10	—	2	—	12 (7)	6 (16)
Root canal treatment (subsequent)	—	—	24	—	4	—	28 (22)	— (5)
Root canal treatment (last)	—	1	4	—	2	—	6 (6)	1 (—)
Jacket crown (preparation)	—	—	1	—	4	—	5 (9)	— (—)
Jacket crown (fit)	—	—	1	—	3	—	4 (6)	— (—)
Stoning	3	237	4	33	—	3	7 (5)	273 (228)
Surgical	—	—	1	—	—	—	1 (—)	— (—)
Scale and polish	42	18	112	1	49	—	203 (270)	19 (—)
Topical fluoride	17	—	27	—	5	—	49 (57)	— (—)
No. of sessions by Hygienist: 18 (45)								

(The figures in brackets refer to 1969)

**TABLE F—DENTURES AND ORTHODONTIC TREATMENT
(SCHOOL CHILDREN)—1970**

Treatment	Age 5-9	Age 10-14	Age 15 & over	Total (all ages)
Impression	8 (5)	49 (22)	4 (6)	61 (33)
Bite registration	4 (4)	19 (15)	5 (6)	28 (25)
Try in	— (—)	1 (1)	1 (—)	2 (1)
Fit denture	— (—)	2 (—)	2 (—)	4 (—)
Fit removable appliance	6 (3)	21 (16)	— (—)	27 (19)
Upper partial	— (—)	2 (3)	1 (—)	3 (3)
Lower partial	— (—)	— (—)	1 (—)	1 (—)
Upper full	— (—)	— (—)	— (—)	— (—)
Lower full	— (—)	— (—)	— (—)	— (—)
Ease	— (—)	— (—)	— (—)	— (—)
Orthodontic appliance adjustment ..	16 (2)	94 (53)	1 (—)	111 (55)
Repairs	— (—)	8 (—)	— (—)	8 (—)
Inlays preparation	— (—)	2 (—)	— (3)	2 (3)
Inlays fit	— (—)	— (—)	— (4)	— (4)
Polishing fillings	69 (84)	123 (161)	43 (32)	235 (277)
Temporary crown-fit	— (1)	3 (2)	— (1)	3 (4)
Examination and/or advice	639 (218)	243 (134)	49 (13)	931 (365)

(The figures in brackets refer to 1969)

TABLE C—HANDICAPPED CHILDREN, 1970

	(a) Blind	(b) Partially sighted	(c) Deaf	(d) Partially hearing	(e) Educationally sub-normal	(f) Epileptic	(g) Maladjusted	(h) Physically handicapped	(i) Speech defect	(j) Delicate	Total	
A. Assessed during 1970 as needing special educational treatment at special schools or boarding homes ..	—	—	—	3	15	—	2	1	—	2	23	
B. Placed in special schools or boarding homes during year (including those as- sessed before 1st January, 1970)	—	—	—	3	13	—	3	1	—	2	22	
C. Awaiting placement on 21st January, 1971 (a) in day schools .. (b) in boarding schools ..	— —	— —	— —	— 2	3 —	— —	— 1	— 1	— —	— —	3 4	
D. (1) Number on the registers of (i) Maintained special schools as (a) Day pupils .. (b) Boarding pupils (ii) Non-maintained special schools as (a) Day pupils .. (b) Boarding pupils (iii) Independent schools .. (2) Numbers boarded out in homes and not in- cluded above	— — — — — — —	— 1 — 1 — — —	— — — — — — —	— — — 3 1 —	62 7 — — — — —	— — — — — — —	— — — — — — —	— 7 — 3 4 1	1 1 — — 2 1	— — — — — — —	— 1 — 4 — — — —	63 17 — 11 7 2
TOTAL : D (1) and (2)	—	2	—	4	69	—	15	5	—	5	100	
E. Number receiving education (a) in hospitals .. (b) in other groups .. (c) at home	— — —	— — —	— — —	— — —	— — —	— — —	— — 2	— 6 1	— — —	— — 1	— 6 4	

(NOTE: This table excludes children attending the Remedial Centre, the Partially Hearing Unit and hospital schools)

